

Name
in
Full

Amedia. Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Hagerstown</i>		^{County} <i>Washington</i>		MARYLAND	
Date of death 190 ^{Month} <i>7</i> ^{Day} <i>31</i>		Age ^{Years} <i>98</i>		^{Months} <i>6</i> ^{Days} <i>2</i>	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>David Anderson</i>			
Father's Name <i>Nathan Farber</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Not known</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Wm Spangler</i>		How related to deceased <i>Son-in-law</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	(66)	How long <i>3 years</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. Boone</i>	Address <i>Hagerstown Md</i>
Accident or Suicide?		

Wm Spink, 2nd,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

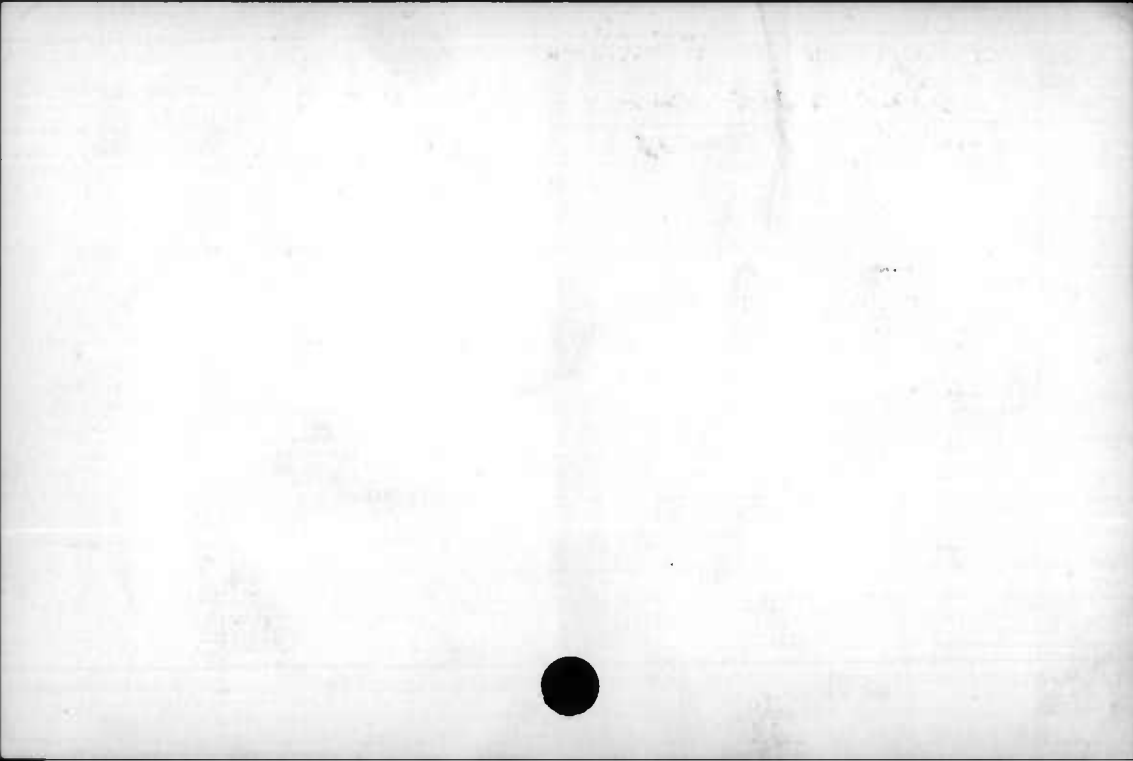
Name <i>James S. Anderson</i>		Town <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND	
Died at		Date of death <i>1907 July 20</i>		Age <i>75</i>		Months <i>—</i> Days <i>21</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>New Jersey</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife <i>Millie Anderson</i>					
Father's Name <i>John Anderson</i>		Father's Birthplace <i>New Jersey</i>					
Mother's Maiden Name <i>Phoebe Spake</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Mrs E. A. Shubridge</i>		How related to deceased <i>daughter</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Chronic Endocarditis & Nephritis</i>	How long <i>121</i>
Immediate <i>Failure of heart Compensation</i>	How long <i>6 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Victor D. Miller, Jr.</i>
	Address <i>Hagerstown, Md.</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Clarence Eugene Blair

Died at

Clear Spring

Washington County

MARYLAND

Date

of death 1907

Month

July

Day

17

Age

Years

—

Months

3

Days

6

Sex

Male

Color or
Race

White

Birth-
place

Clear Spring

Occupation

—

Where Residing if not
at place of death

—

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Lewis H. Blair

Father's
Birthplace

Md

Mother's
Maiden Name

Ophelia Davis

Mother's
Birthplace

Pa

Name of person giving
In formation

Father

How related
to deceased

—

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Diarrhoea

How long

Two days

Immediate

Exhaustion

How long

Four hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Abraham Shank

Address

Clear Spring

Washington County

Accident or Suicide?

Clarence Eugene

Name
in
Full

Mrs Amelia Brewer

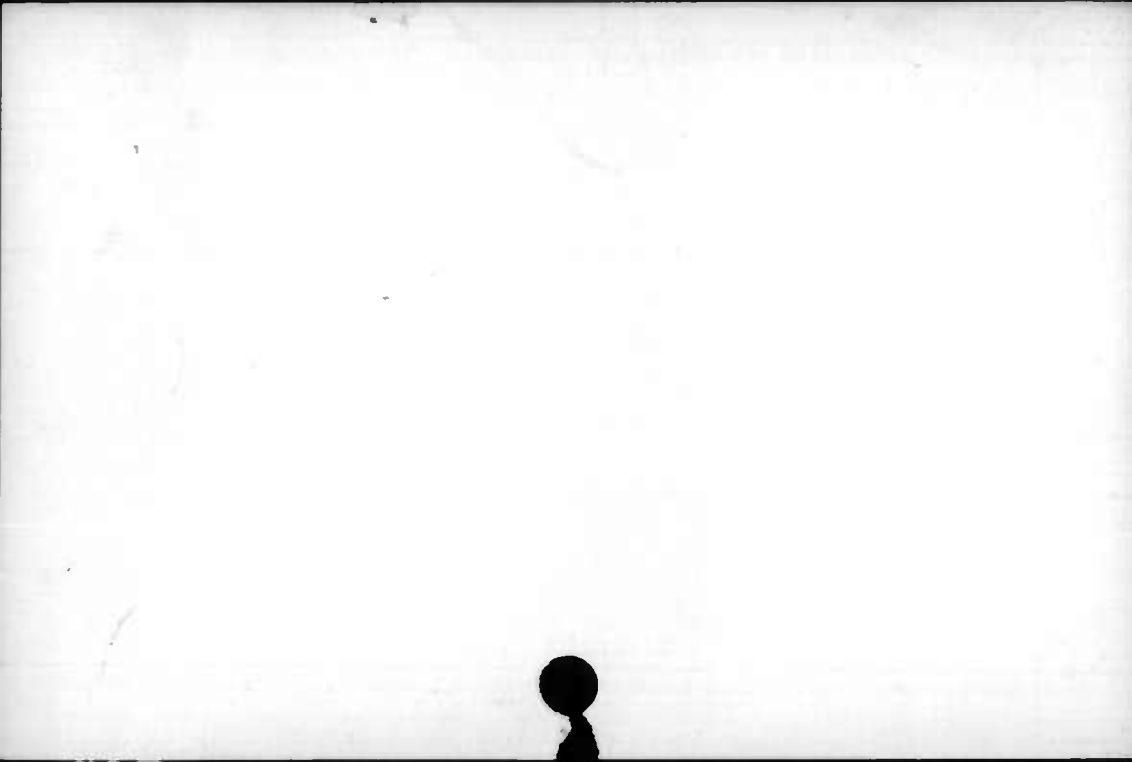
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Big Spring</i>		County <i>Washington</i>		MARYLAND	
Date of death		Month <i>July</i>	Day <i>29</i>	Age <i>62</i>	Years	Months <i>7</i>	Days
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Ind</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband	<i>Daniel Brewer</i>			
Father's Name	<i>Jos. G. Brewer</i>				Father's Birthplace	<i>Ind</i>	
Mother's Maiden Name	<i>Hettie A. Wheeler</i>				Mother's Birthplace	<i>"</i>	
Name of person giving information	<i>Barbara Brewer</i>				How related to deceased	<i>Daughter</i>	

CAUSES OF DEATH

Primary	<i>Cancer of Stomach</i>	<i>(40)</i>	How long	<i>One Year</i>
Immediate	<i>Gradual Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>J. P. Perry</i>	
			Address <i>Clearspring Ind</i>	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *John W Boyer*

Died at *Antietam* ^{Town} *Washington* ^{County} *MARYLAND*

Date of death *1907* ^{Month} *7* ^{Day} *31* ^{Year} *58* ^{Months} *3* ^{Days} *13*

Sex *Male* Color or Race *White* Birth-place *Robertsville*

Occupation *Stone Mason* Where Residing if not at place of death *Antietam*

Married, Single or ~~Widowed~~ *Single* Name of Wife or Husband *Mary Ellen Boyer*

Father's Name *Samuel Boyer* Father's Birthplace *Don't Know*

Mother's Maiden Name *Mrs Hinkley* Mother's Birthplace *Don't Know*

Name of person giving information *Charles E Boyer* How related to deceased *Son*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Has had Rheumatism for years* How long _____

Immediate *Heart trouble from all accounts* How long *Very sudden*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *S. Samuel Cardner*

Address *Sharpsburg Md.*

Accident or Suicide? _____

Uncle Tom's
L. E. Sumner & Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	1907	Month 7	Day 3	Age 16	Years Months Days
Sex	<i>Male</i>		Color or Race	<i>Colored</i>	
Occupation	<i>Laborer</i>		Birth-place	<i>Md</i>	
Where Residing if not at place of death	<i>[Redacted]</i>				
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>[Redacted]</i>	
Father's Name	<i>George C Brown</i>		Father's Birthplace	<i>Md</i>	
Mother's Maiden Name	<i>Carrie Fisher</i>		Mother's Birthplace	<i>Pa</i>	
Name of person giving information	<i>Harry A Brown</i>		How related to deceased	<i>Brother</i>	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Chronic Parenchymatous Nephritis</i>	How long	<i>2 mos.</i>
Immediate	<i>Cardiac Failure</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>[Signature]</i>
		Address	<i>Hagerstown Md</i>
Accident or Suicide?	<i>No</i>		

Highway
Clearing

Name
in
Full

Minnie V. Borgan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Antietam</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death	1907	Month	July	Day	17
Age	37	Years		Months	4
				Days	29
Sex	Female	Color or Race	White	Birth-place	Antietam
Occupation	<u>Housewife</u>		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Husband	Chas. Borgan		
Father's Name	James Jamison		Father's Birthplace	Near Rhoadsville	
Mother's Maiden Name	Mary W. Crumpton		Mother's Birthplace	" Sharpsburg	
Name of person giving information	John Borgan		How related to deceased	Brother-in-law	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis &	How long	Years
Immediate	Heart Disease - Organic	How long	Years
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	E. M. Givens
		Address	Sharpsburg, Ind.
Accident or Suicide?			

Chas. S. Wade
Undertaker

Name in Full		CERTIFICATE OF DEATH			
Emily Burris		Hagerstown		Washington	
Died at		Maryland			
Date of death 1907		Month 7		Day 26	
Age 59		Years		Months	
Sex Female		Color or Race Colored		Birth-place Na	
Occupation House work		Where Residing if not at place of death			
Married, Single or Widowed Widow		Name of Wife or Husband Frank Burris			
Father's Name Don't Know		Father's Birthplace D K			
Mother's Maiden Name D K		Mother's Birthplace D K			
Name of person giving information Henry Bell		How related to deceased Son			
		CAUSES OF DEATH		104	
Primary Chronic Gastritis		How long 2 yrs.			
Immediate Heart Failure		How long			
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician H. Scheeler			
		Address Hagerstown			
Accident or Suicide?					

Halfway

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

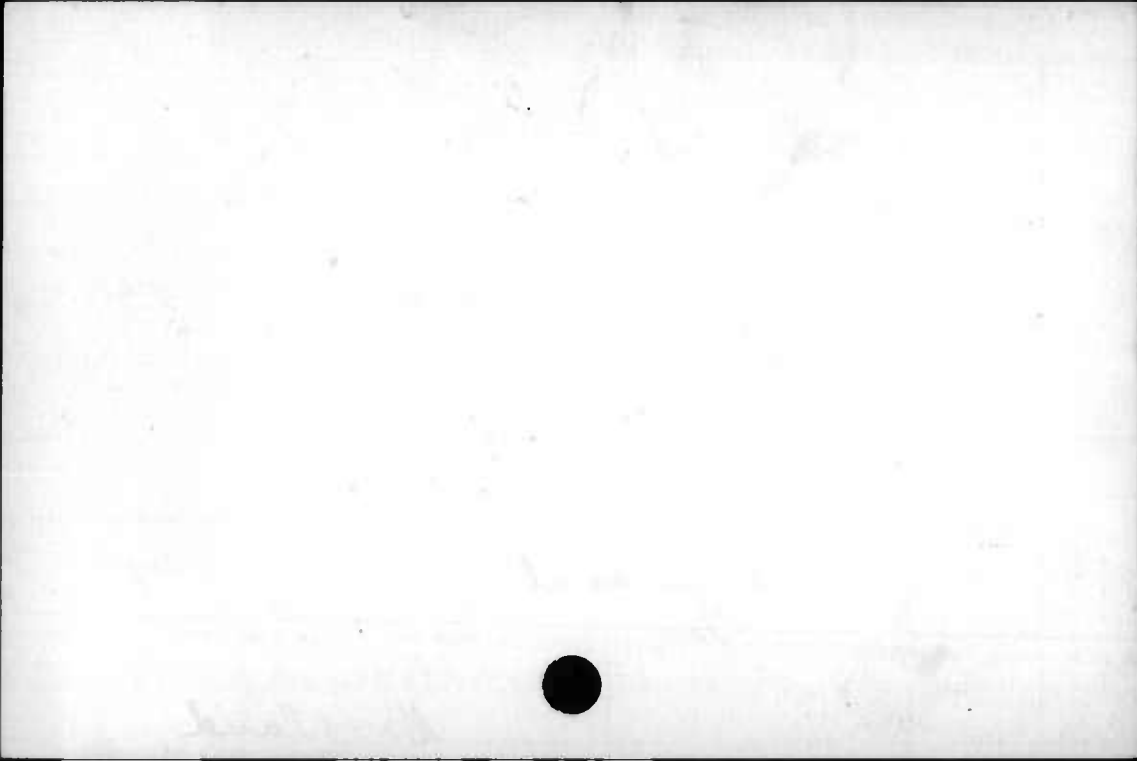
Died at <i>Clearspring</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>July</i> <small>Month</small>	<i>20</i> <small>Day</small>	Age <i>71</i> <small>Years</small>	<i>10</i> <small>Months</small>	<i>7</i> <small>Days</small>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Pa</i>			
Occupation <i>farmer</i>	Where Residing if not at place of death				
Married, <i>Single</i> <small>or Widowed</small>	Name of Wife or Husband <i>Harriet Knepp</i>				
Father's Name <i>Christian Conrad</i>	Father's Birthplace <i>Pa</i>				
Mother's Maiden Name <i>Eva Wolff</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Mrs. Mary Knepp</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary <i>Tumor of the Stomach</i>	How long <i>Two months</i>
Immediate <i>Exhaustion</i>	How long <i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Abraham Shank</i>
	Address <i>Clearspring Md</i>



Name
in
Full

CERTIFICATE OF DEATH

Samuel Davis

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pineburg</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1907</i> ^{Month} <i>7</i> ^{Day} <i>17</i>		Age <i>76</i> ^{Years}		<i>8</i> ^{Months} <i>12</i> ^{Days}	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Malinda A Davis</i>			
Father's Name <i>Saml Davis</i>		Father's Birthplace <i>Smithsburg</i>			
Mother's Maiden Name <i>X Malinda Dellinger</i>		Mother's Birthplace <i>Clear Spring</i>			
Name of person giving information <i>William Davis</i>		How related to deceased <i>Son</i>			

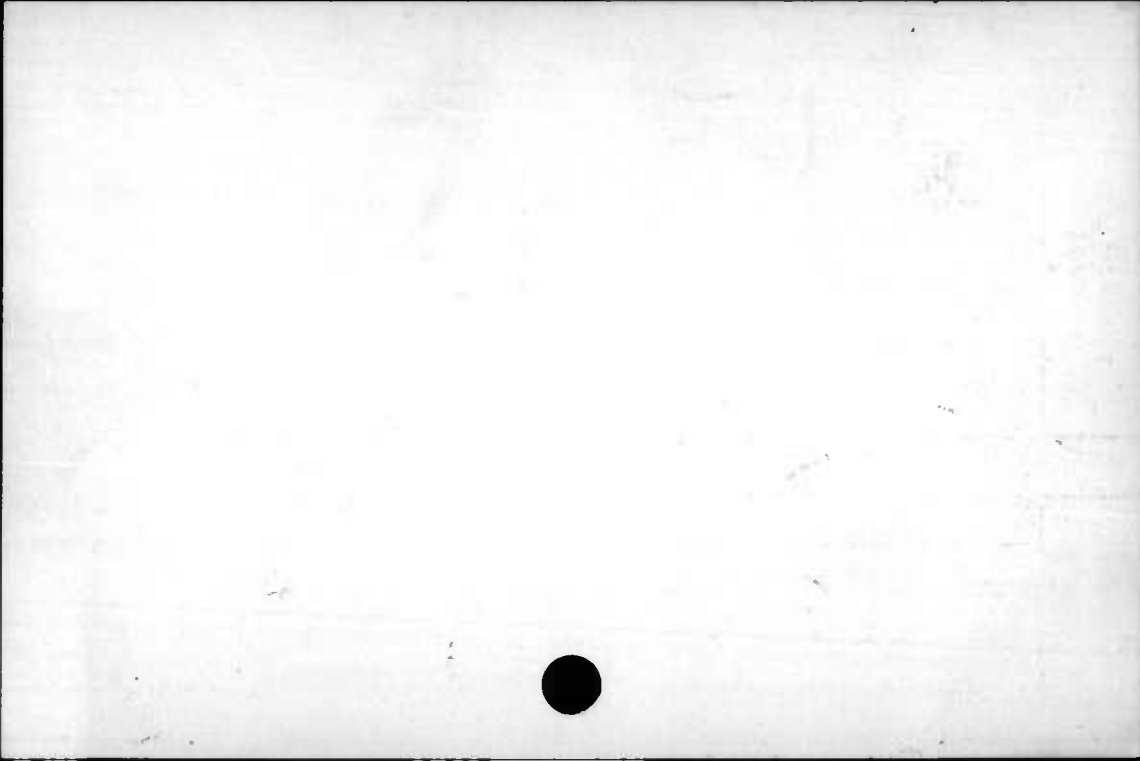
CAUSES OF DEATH

(66)

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>10 days</i>
Immediate	<i>same as above</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>Dr. J. T. Lester</i>	
Address		<i>Williamsport Maryland</i>	
Accident or Suicide?			

B R P



Name
in
Full

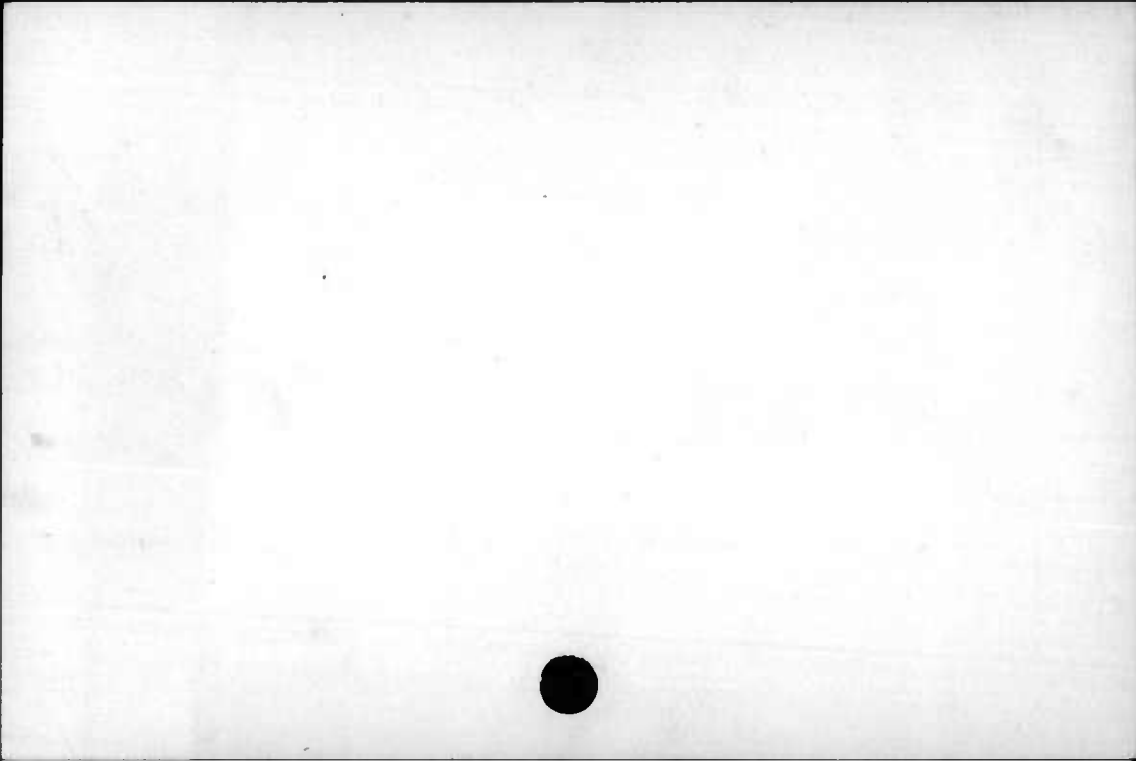
Martha A. Fowler
Town Beaver Creek County Washi.

CERTIFICATE OF DEATH

Died at		Month		Day	Years	Months	Days
1907		July		5	10		
Date of death	Sex	Color or Race	Birth-place		Where Residing if not at place of death		
Female	White	Beaver Creek		Beaver Creek			
Occupation	Name of Wife or Husband		Father's Birthplace				
	Single		Cheneyville				
Father's Name	Mother's Maiden Name		Mother's Birthplace				
Chas. H. Fowler	Margaret Barnes		Hagerstown				
Name of person giving information	How related to deceased						
Chas. H. Fowler	Father						

CAUSES OF DEATH

Primary	How long
Diphtheria	7 weeks
Heart Failure	
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	Wm. H. Quinn Esq
	Address
	Cheneyville
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		David M. Gross				CERTIFICATE OF DEATH	
Died at		Town		County		MARYLAND	
Date of death		Month		Day		Years	
1907		July		24		Age 18	
Sex		Color or Race		Birthplace		Months	
Male		White		Sharpsham		20 Days	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
Josephus Gross		Locust Grove					
Mother's Maiden Name		Mother's Birthplace					
Sara K. Starle		Near Williamsport					
Name of person giving information		How related to deceased					
Josephus Gross		Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Intussusception	How long	108	Three days
Immediate		How long		
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		H. M. Garrett		
Address		Sharpsham, Md.		
Accident or Suicide?				

Chas. S. Trade
Mentaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Oluya House

Town *Hagerstown* County *Washington*

Died at *Hagerstown*

Date of death 1907 *7* Month *7* Day *31* Age *82* Years *82* Month *7* Days *—*

Sex *Female* Color or Race *White* Birth-place *md*

Occupation *House work* Where Residing if not at place of death *md*

Married, Single or Widowed *Single* Name of Wife or Husband *md*

Father's Name *George House* Father's Birthplace *md*

Mother's Maiden Name *Caroline Sheets* Mother's Birthplace *md*

Name of person giving information *md* How related to deceased *md*

CAUSES OF DEATH

(66)

PHYSICIAN
OR CORONER

Primary *Paralysis of Dysentery* How long *8 days*

Immediate *Heart Failure* How long *md*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *S W Mustot MD*

Address *md*

Accident or Suicide? *md*

Beards, Church
Coffman

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Jacob Hause</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND							
Date of death <i>1907</i>		Month <i>July</i>		Day <i>22</i>		Age <i>68</i>		Years <i>2</i>		Months <i>14</i>		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>									
Occupation <i>Millwright</i>		Where Residing if not at place of death											
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband											
Father's Name <i>Jacob Hause</i>		Father's Birthplace <i>Md</i>											
Mother's Maiden Name <i>Catharine Sheets</i>		Mother's Birthplace <i>Md</i>											
Name of person giving information <i>Catharine Hause</i>		How related to deceased <i>Sister</i>											

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>One month</i>
Immediate <i>Heart Failure</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S H Mustard MD</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide <i></i>	

Cheroville,

A. K. Coffman

Name
in
Full

CERTIFICATE OF DEATH

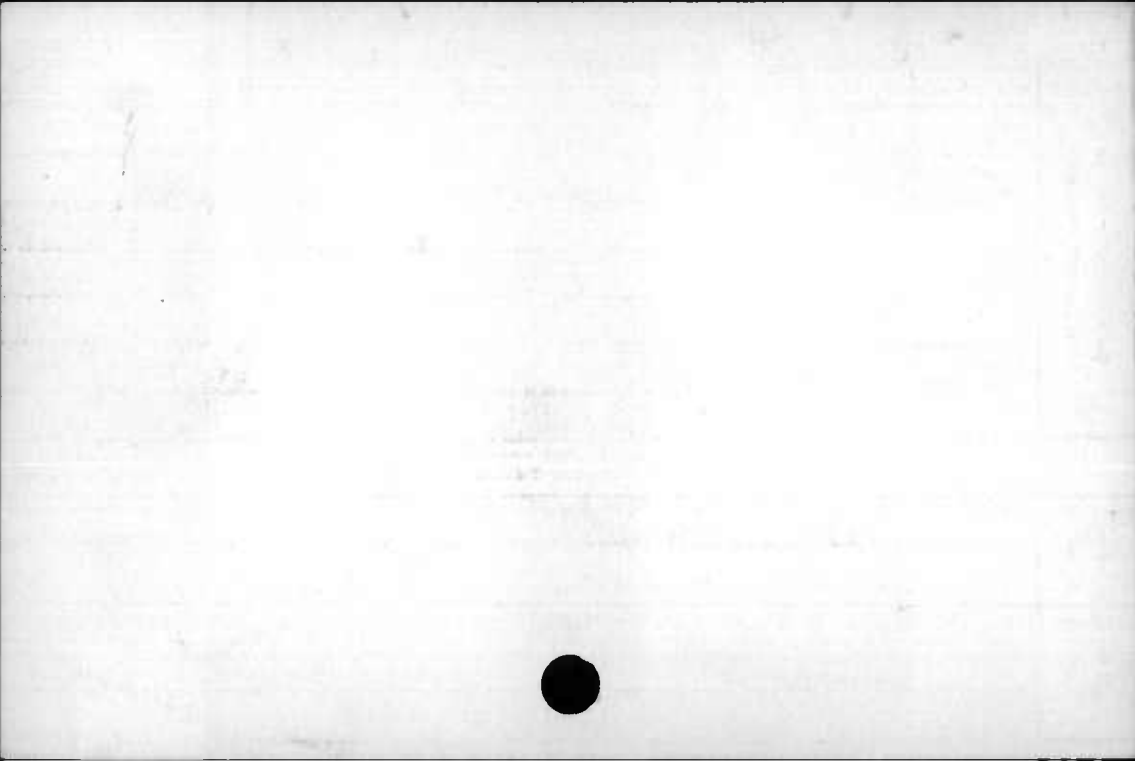
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Sallie Delgrange Hensell</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>7</i>		Day <i>28</i>		Age <i>52</i>	
Date of death <i>1907</i>		Month <i>7</i>		Day <i>28</i>		Age <i>52</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>W. Va</i>			
Occupation <i></i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Thomas Lee Hensell</i>					
Father's Name <i>Robert Lyle</i>		Father's Birthplace <i>W. Va</i>					
Mother's Maiden Name <i>Sallie Daniels</i>		Mother's Birthplace <i>W. Va</i>					
Name of person giving information <i>Cora Hensell</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hemiplegia</i>	How long <i>36 hours</i>
Immediate <i>Exhaustion</i>	How long <i>36 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Daniel A. Lockins</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide? <i></i>	



Name
in
Full

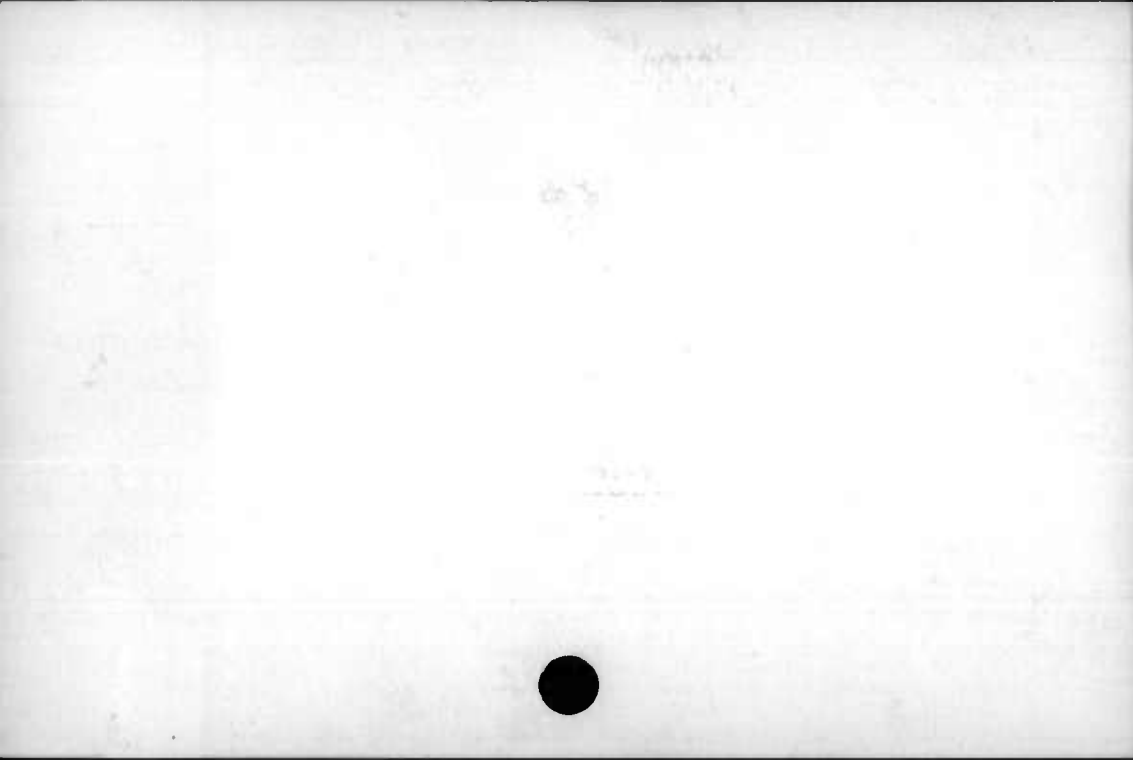
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Sharpsburg Md</i>		County <i>Hash</i>		MARYLAND	
Date of death	1907	Month <i>July</i>	Day <i>12</i>	Age <i>32</i>	Years	Months <i>9</i>	Days <i>25-</i>
Sex <i>Male</i>	Color or Race <i>2 white</i>			Birth- place <i>Sharpsburg Md</i>			
Occupation <i>Day Laborer</i>				Where Residing if not at place of death <i>Sharpsburg Md</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Anna Henson</i>					
Father's Name <i>Geo. Henson</i>		Father's Birthplace <i>Hagerstown Md</i>					
Mother's Maiden Name <i>Roseanna Ridenour</i>		Mother's Birthplace <i>Smithsburg Md</i>					
Name of person giving In formation <i>Frank Henson</i>		How related to deceased <i>Brother</i>					

PHYSICIAN
OR CORONER

Internment at <i>Bakersville</i>		CAUSES OF DEATH	
Primary	<i>Tuberculosis</i>	(27)	How long <i>Five years</i>
Immediate	<i>Tuberculosis</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. H. Gardner</i>	
<i>Only saw him a few times recently -</i>		Address <i>Sharpsburg Md</i>	
Accident or Suicide?			



Name
in
Full

Still Born Child of V. P. Hill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>7</i>	Day <i>29</i>	Age <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>V. P. Hill</i>		(S)		Father's Birthplace <i>N. C.</i>	
Mother's Maiden Name <i>Blanch Mehler</i>				Mother's Birthplace <i>N. C.</i>	
Name of person giving information <i>V. P. Hill</i>				How related to deceased <i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Born</i>	(S)	How long <i>—</i>
Immediate <i>—</i>	<i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. E. Warrum</i>	
	Address <i>Hagerstown</i>	
Accident or Suicide? <i>—</i>		

Buried in Shepherdstown
N. Va.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Katherine Estelle Kyle</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Month <i>7</i>		Day <i>19</i>		Age <i>6</i> Years <i>16</i> Months <i>16</i> Days	
Date of death <i>1907</i>		Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Md.</i>	
Occupation <i></i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>George T. Kyle</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Emma V. Harper</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Mrs. G. T. Kyle</i>		How related to deceased <i>mother.</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>	How long <i>10 day</i>
Immediate <i>Cardiac Failure</i>	How long <i>few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. P. Stauffer</i>
	Address <i>Hagerstown, Md.</i>
Accident or Suicide? <i>No.</i>	

Suter

Name
in
Full

Florence M Jones

CERTIFICATE OF DEATH

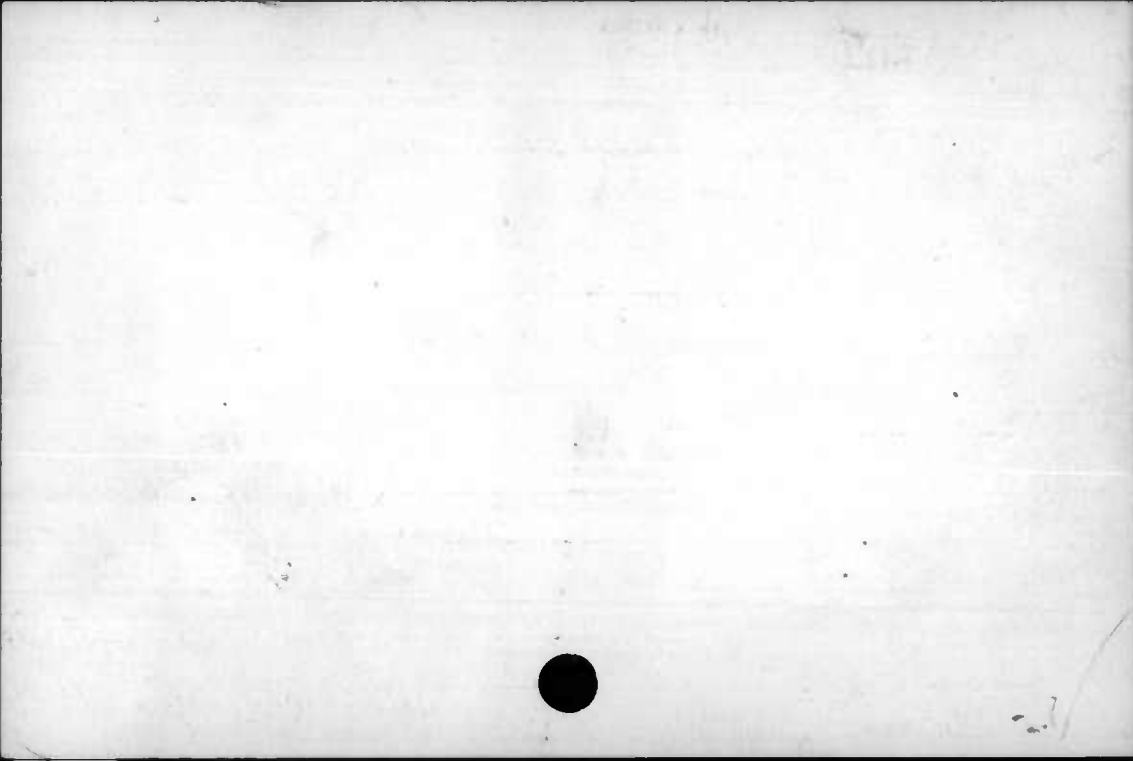
TO BE ANSWERED BY
NEAREST FRIEND

Died at Blue Mountain Washington County
 Date of death 1907 July 4 Age 5 Months Days
 Sex Female Color or Race White Birthplace York, Pa.
 Occupation — Where Residing if not at place of death York,
York,
 Married, Single Single Name of Wife or Husband —
 Father's Name Griffith Jones Father's Birthplace Bales
 Mother's Maiden Name Gertrude Williams Mother's Birthplace Bales
 Name of person giving information Griffith Jones How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Accident 164 How long immediate
 Immediate accident - Crashed skull How long immediate
 Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician R. H. Morganhark
 Address Blue Mountain, Md.
 Accident — Suicide? —



Name
in
Full

Surie / Ershner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> Town		<i>Washington</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>7</i>	Day <i>27</i>	Age <i>25</i> Years	Months <i>—</i>	Days <i>2</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Frank H. Ershner</i>				
Father's Name <i>Eugene Ershner</i>	Father's Birthplace <i>—</i>			Mother's Birthplace <i>—</i>	
Mother's Maiden Name <i>—</i>			How related to deceased <i>—</i>		
Name of person giving information <i>—</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>2 weeks.</i>
Immediate <i>Exhaustion</i>	How long <i>1 week.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. Preston Miller</i>
<i>—</i>	Address <i>Hagerstown Md.</i>
Accident or Suicide? <i>No.</i>	

Watkins

Name
in
Full

CERTIFICATE OF DEATH

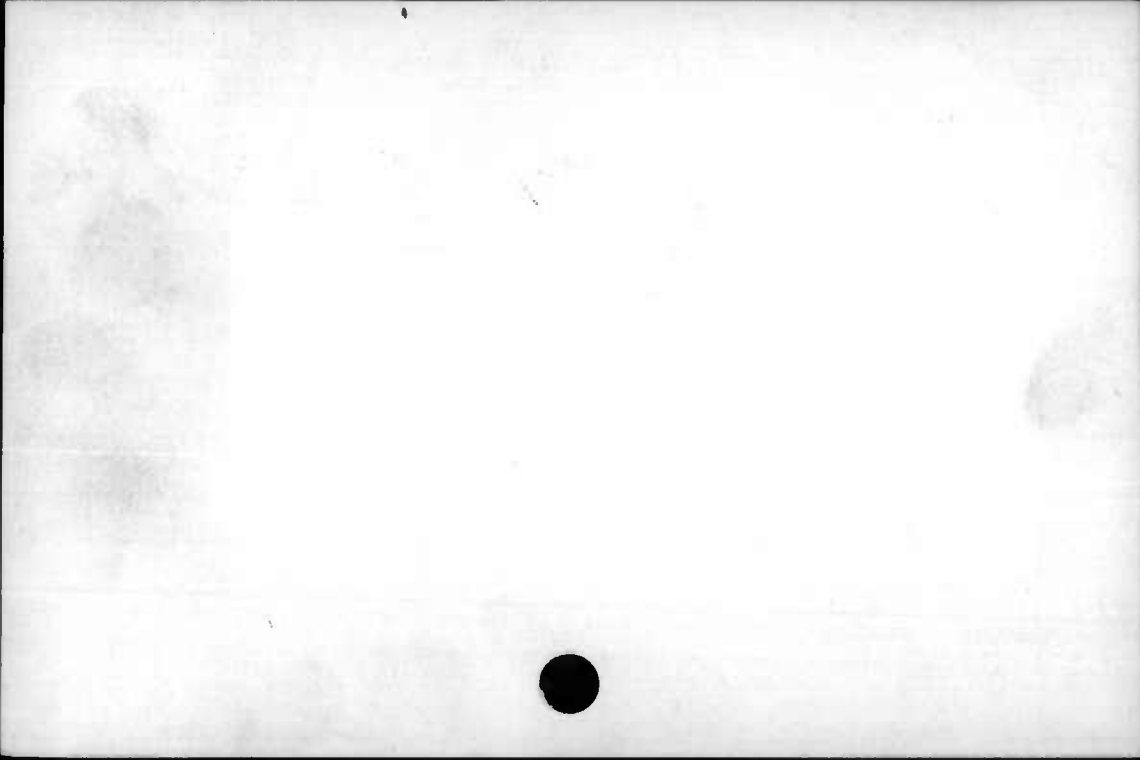
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		7	10			6	10
Sex		Color or Race		Birth-place			
Female		White		Md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Alfred L. Ennde		Md					
Mother's Maiden Name		Mother's Birthplace					
Selara L. Patter		Md					
Name of person giving information		How related to deceased					
		Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Cholera Infantum	4 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes.	H. W. Campbell
	Address
	440 H. Washington St.
	Hagerstown Md.
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

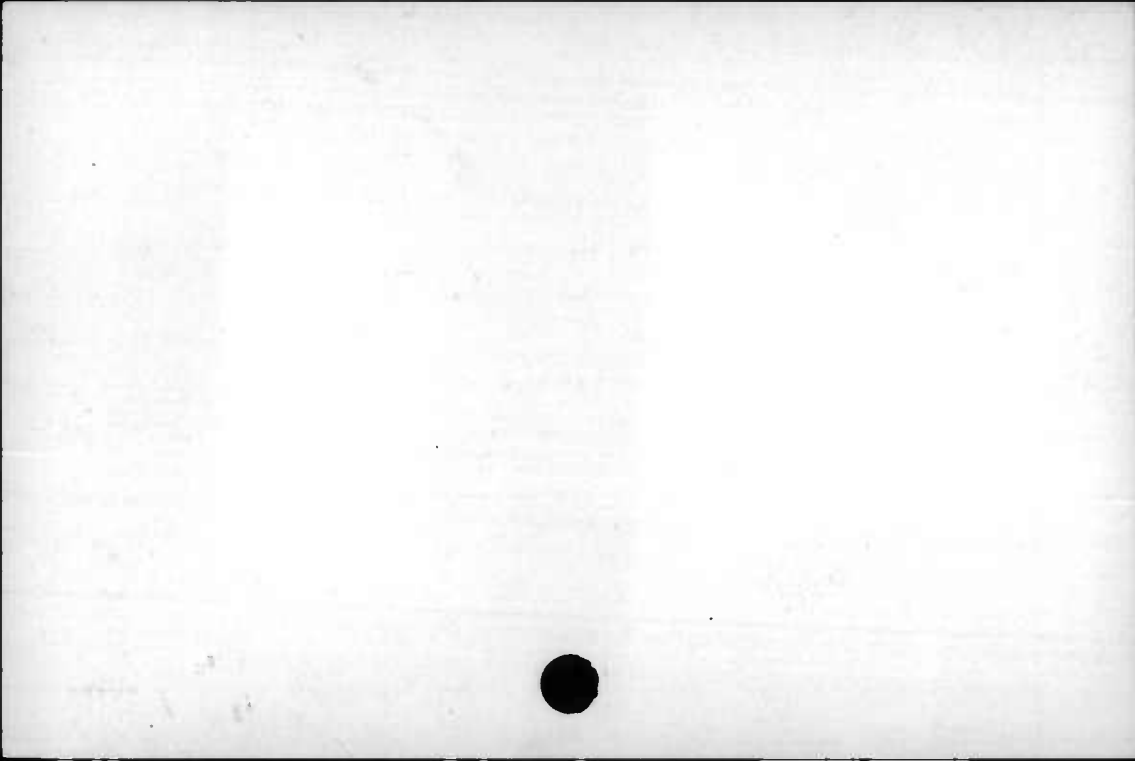
Died at <i>Smithsburg</i>		Town <i>Smithsburg</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>7</i>		Day <i>8</i>		Age <i>1</i> Years <i>4</i> Months <i>4</i> Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Smithsburg</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Asa Kuhn</i>				Father's Birthplace <i>Hallsville</i>			
Mother's Maiden Name <i>Fannie Bowman</i>				Mother's Birthplace <i>Pleasant Valley</i>			
Name of person giving information <i>Asa Kuhn</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	<i>Broncho Pneumonia</i>	How long	<i>20 days</i>
Immediate	<i>Convulsions</i>	How long	<i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr M D Kefauver</i>	
		Address <i>Smithsburg Md.</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs Emma Landis

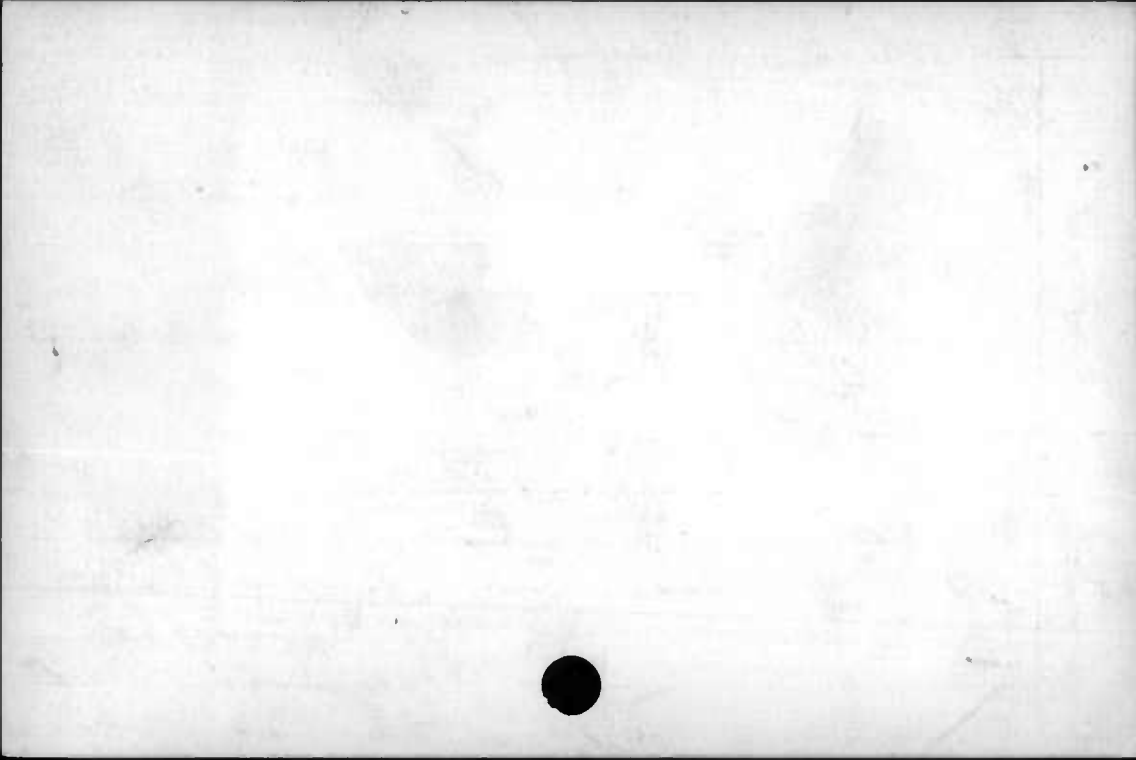
Died at ^{Town} Hagerstown^{County} Wash.

MARYLAND

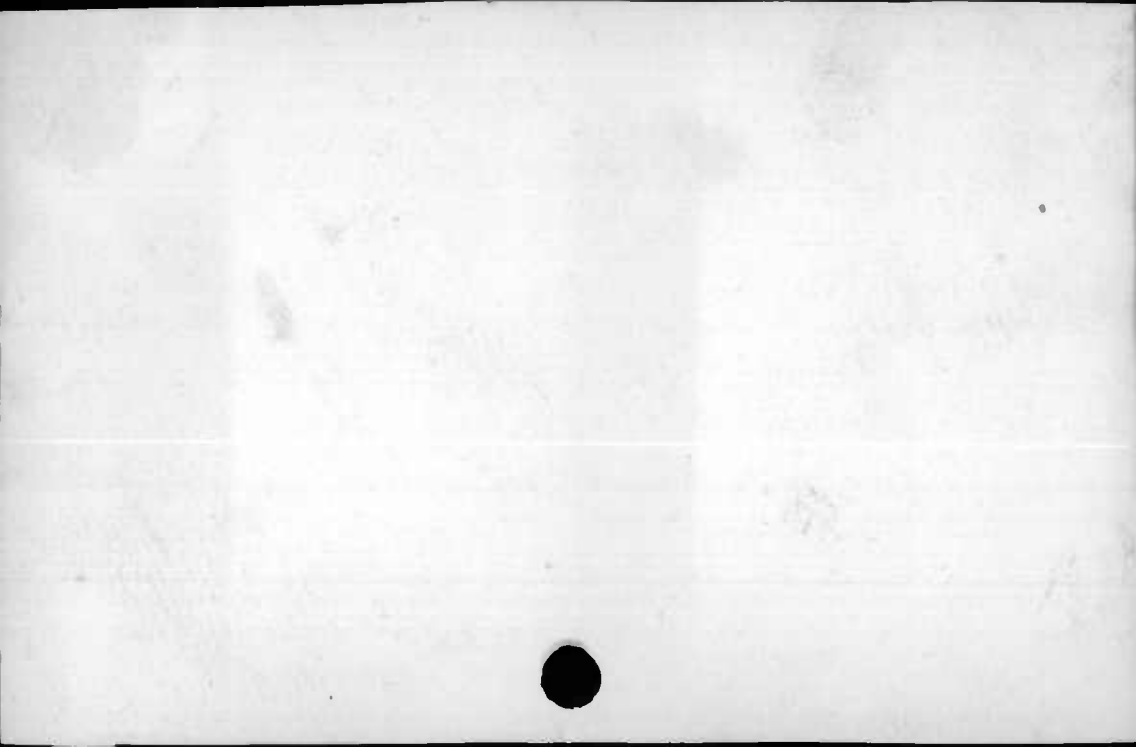
Date of death 1907 ^{Month} 7 ^{Day} 2 ^{Age} 70 ^{Years} ^{Month} ^{Days}Sex female ^{Color or Race} white ^{Birth-place} Pa.^{Occupation} N. W. ^{Where Residing if not at place of death}^{Married, Single or Widowed} widow ^{Name of ~~Wife or~~ Husband} Martin H. Landis^{Father's Name} Snyder ^{Father's Birthplace} Germany^{Mother's Maiden Name} Pauline Fetter ^{Mother's Birthplace} "^{Name of person giving information} Mrs. J. Ed. Beck ^{How related to deceased} daughter.

CAUSES OF DEATH

^{Primary} Arterio sclerosis (81) ^{How long} not known^{Immediate} Asthenia ^{How long} 30 days^{Are the name, age, sex, color, date and place correctly given above?} yes. ^{Signature of Physician} J. R. Laughlin^{Address} 146 N. Franklin St.
Hagerstown, Md.^{Accident or Suicide?}



Name in Full		William L. Lapole.				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Zittlestown		County Washington		MARYLAND	
	Date of death		1907	Month July	Day 14	Age 58	Years 10	Months AB
	Sex		Male		Color or Race White		Birth-place Maryland	
	Occupation		Laborer		Where Residing if not at place of death Zittlestown			
	Married, Single or Widowed		Married		Name of Wife or Husband Lana Bent		and	
	Father's Name		William L. Lapole				Father's Birthplace Frederick Co	
	Mother's Maiden Name		Marry Purdy				Mother's Birthplace " "	
	Name of person giving information		Lana Lapole				How related to deceased Wife	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Phlegmonous Inflammation				How long 2 weeks.	
	Immediate		Empyema				How long 48 hours.	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician G. S. G. M. M. M.			
					Address Baltimore.			
	Accident or Suicide?				No.			



Name

in
Full

CERTIFICATE OF DEATH

Name of deceased child of Geo. Minnie Martin

Town

County

MARYLAND

Died at

Clearfork

Wash

Date

1907

Month

7

Day

28

Age

Years

Months

Days

3

Sex

male

Color or
Race

white

Birth-
place

Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

single

Name of Wife or
Husband

+ X

Father's
Name

Geo. W. Martin

Father's
Birthplace

Perma

Mother's
Maiden Name

Minnie Wingard

Mother's
Birthplace

Perma

Name of person giving
information

Geo. W. Martin

How related
to deceased

father

CAUSES OF DEATH

71

Primary

How long

Immediate

Infantile Convulsions

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

D. C. R. Miller

Address

Mason - Sign
Md.

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Broadfaring

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Still born Child of John & Lettie Martin

Town

County

MARYLAND

Died at Hagerstown

washi.

Date

Month

Day

Years

Months

Days

of death 1907

7

29

Age

Sex

male

Color or
Race

white

Birth-
place

Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

single

Name of Wife or
HusbandFather's
Name

John Martin

Father's
Birthplace

Md.

Mother's
Maiden Name

Lettie Coost

Mother's
Birthplace

"

Name of person giving
Information

John Martin

How related
to deceased

father

CAUSES OF DEATH

Primary

Still Born

How long

How long

Immediate

" "

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W.B. Morrison

Address

Hagerstown

Md.

Accident or Suicide?

No

PHYSICIAN
OR CORONER

Enter 7/30/07

Name
in
Full

Branson Mathews

CERTIFICATE OF DEATH

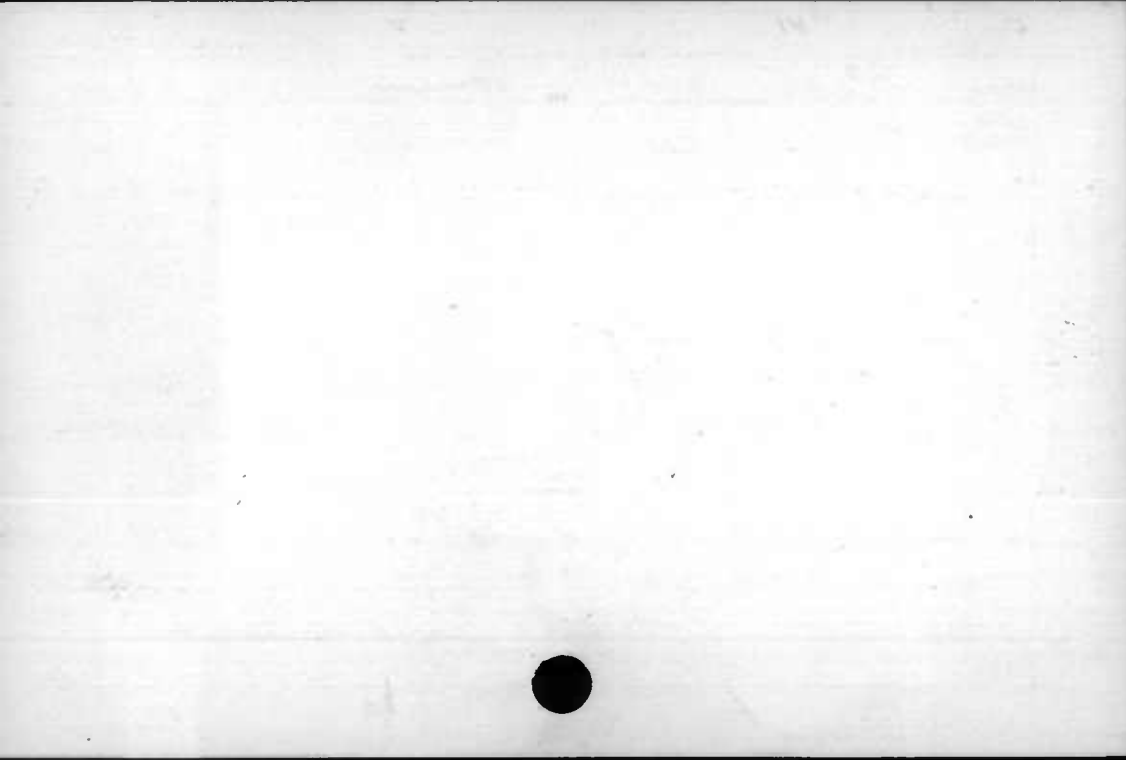
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Brownsville		County Washington		MARYLAND	
Date of death		1907	Month 7	Day 4	Age Years 68	Months	Days
Sex	Male		Color or Race	Dark		Birth- place	Md
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Mary Redicker			
Father's Name	Benjamin Mathews				Father's Birthplace	Md	
Mother's Maiden Name	Sallie Jones				Mother's Birthplace	Md	
Name of person giving Information	Sarah Hill				How related to deceased	Niece	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Aschuria	(179)	How long	6 months
Immediate	convulsions		How long	18 hours
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	J. J. Yountee
			Address	Brownsville Md
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

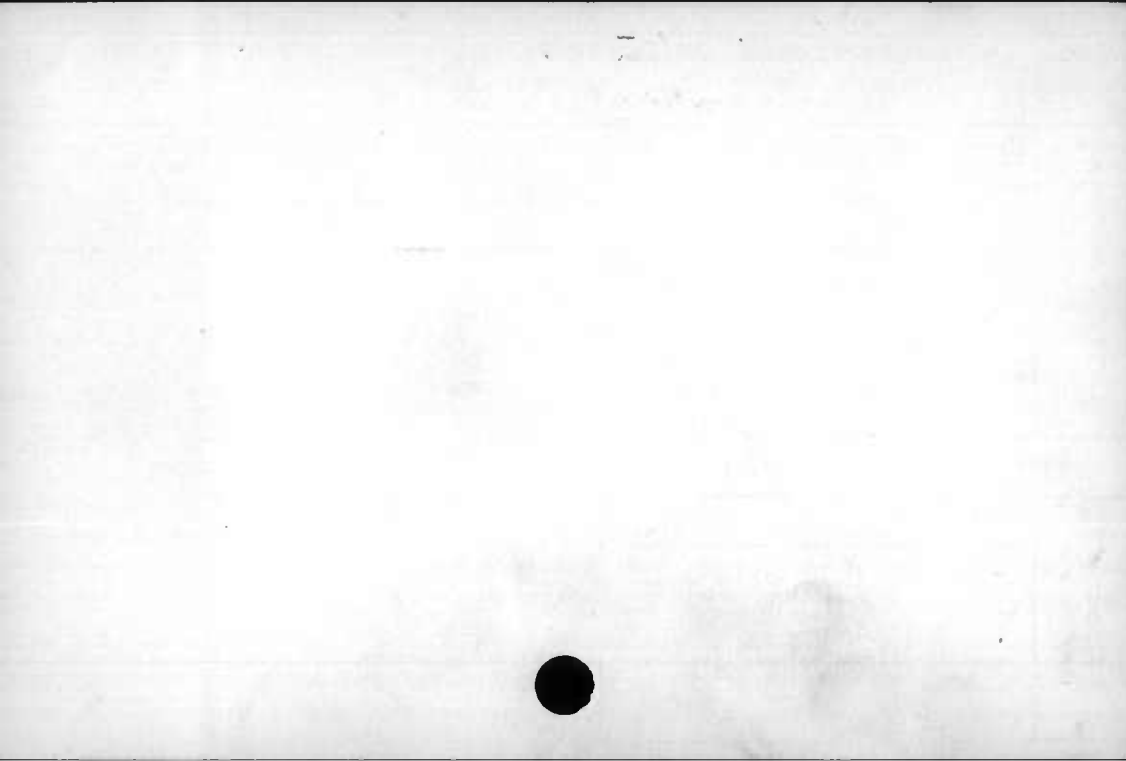
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Hellen Martha Miller</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at		Date of death		Age		Months	
		190 <i>7</i>		<i>11</i>		<i>11</i>	
Month <i>7</i>		Day <i>11</i>		Years		Days <i>14</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>J. W. Hunt Miller</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Martha M. Feidinger</i>				Mother's Birthplace <i>Md</i>			
Name of person giving information				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Throbbing Cough</i>	(8)	How long	<i>6 weeks</i>
Immediate	<i>Complications</i>		How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
<i>yes</i>		<i>J. M. Wentz</i>	<i>Hagerstown</i>	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Janorous Miller
Town
Williamsport

County

Wash

MARYLAND

Date

of death 1907

Month

7

Day

28

Age

Years

60

Months

4

Days

6

Sex

Male

Color or
Race

White

Birth-
place

Smithburg

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Laura Viigen

Father's
Name

Samuel Miller

Father's
Birthplace

X

Mother's
Maiden Name

Elizabeth Pitsnogle

Mother's
Birthplace

X

Name of person giving
In formation

Laura Miller

How related
to deceased

Wife

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary

Dropsy with Valvular heart
trouble Prostration

How long

Six months

Immediate

How long

Sudden

Are the name, age, sex, color, date
and place correctly given above?

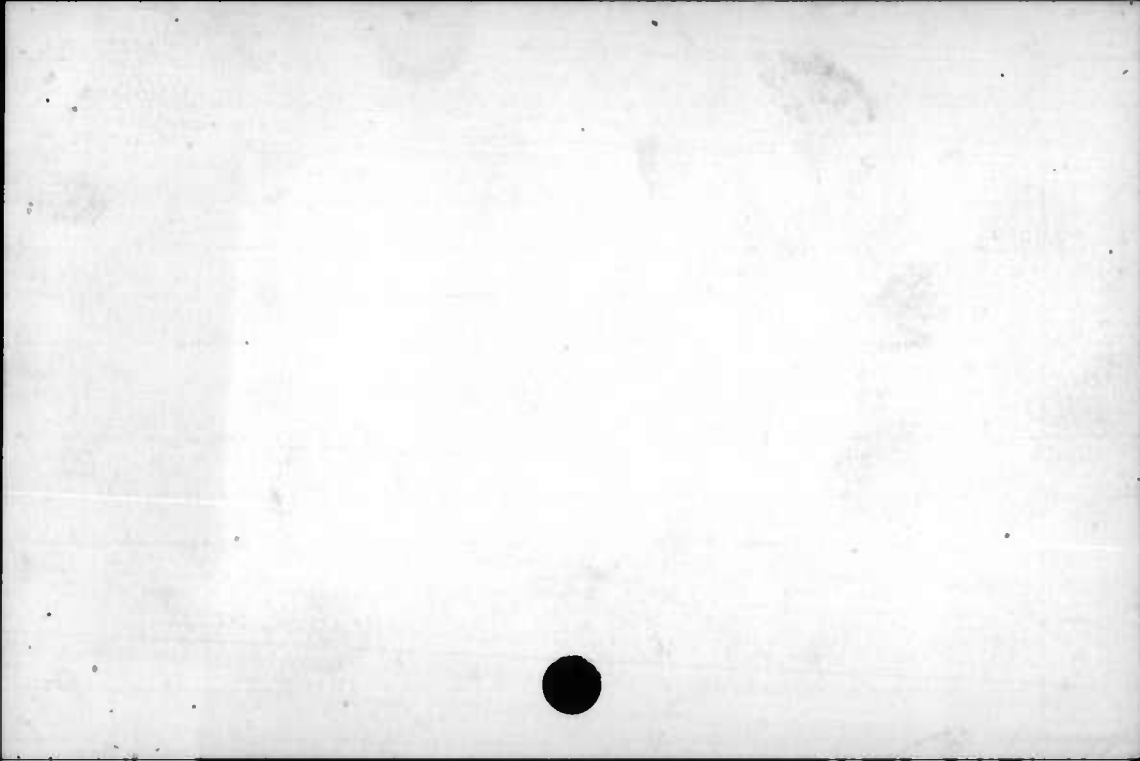
Yes.

Signature of
Physician

Address

Edw. Richards Jr.
Williamsport, Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town		<i>Wash</i>		County	
Date of death <i>1907</i>		Month <i>7</i>		Day <i>24</i>		Age <i>35</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Penna</i>		Months <i>—</i>	
Occupation <i>Seamstress</i>		Where Residing if not at place of death <i>—</i>		Years <i>—</i>		Days <i>—</i>	
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>		Father's Birthplace <i>Penna.</i>		Mother's Birthplace <i>"</i>	
Father's Name <i>John Mills</i>		Mother's Maiden Name <i>Mary Huff</i>		Name of person giving information <i>Aunie Mills</i>		How related to deceased <i>sister</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chiroisis of Liver</i>	How long	<i>4 years</i>
Immediate	<i>Heart Failure & Ascites</i>	How long	<i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr. C. W. Watkins</i>	
		Address <i>Hagerstown Ind.</i>	
Accident or Suicide? <i>No.</i>			

Chambersburg Pa,

Name
in
Full

Dolly Mullen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

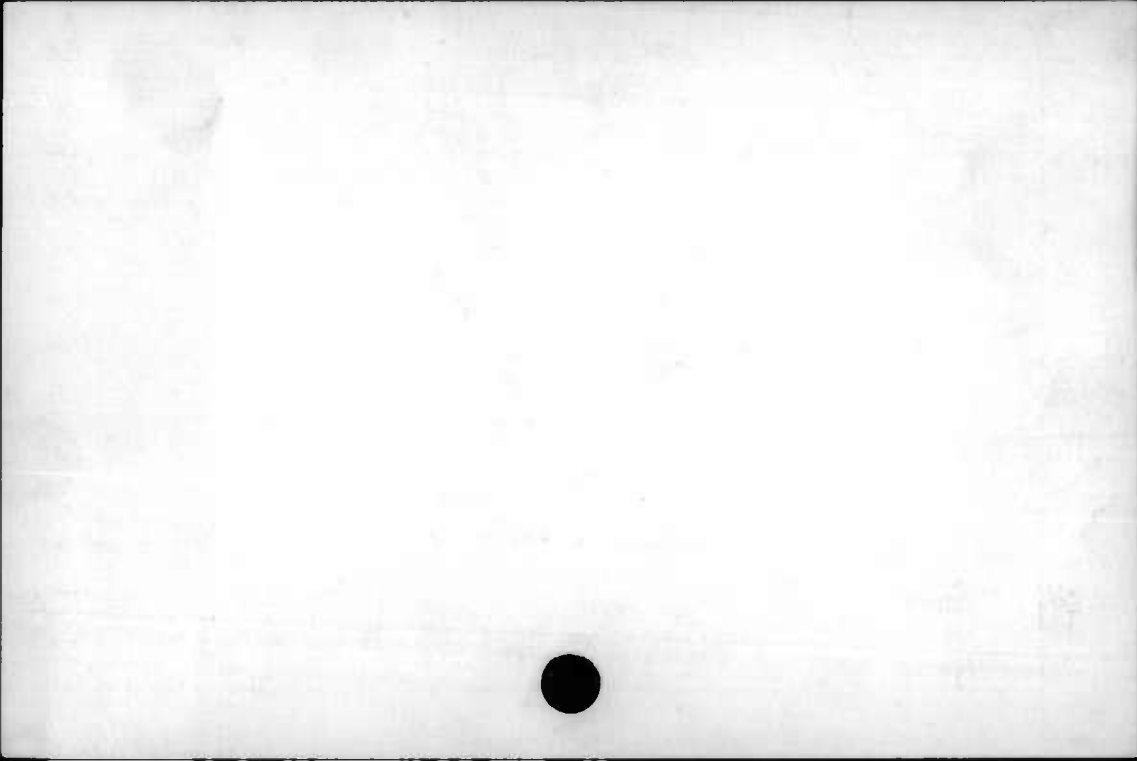
MARYLAND

Died at <u>Smoke town</u>		County <u>Wash.</u>	
Date of death <u>1907</u>	Month <u>July</u>	Day <u>24</u>	Age <u>Years</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Smoke town</u>	Months <u>4</u> Days <u>15</u>
Occupation <u>Suckling</u>	Where Residing if not at place of death <u>Smoke town</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband		
Father's Name <u>Ray Mullen</u>	Father's Birthplace <u>Wash Co</u>		
Mother's Maiden Name <u>Lela Coleman</u>	Mother's Birthplace <u>"</u>		
Name of person giving information <u>Ray Mullen</u>	How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Ideal</u>	<u>105</u>	How long
Immediate <u>Cholera Infantum</u>		How long <u>24 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>S. S. Davis</u>	
	Address <u>Boonsboro Md</u>	
Accident or Suicide? <u></u>		



Name
in
Full

Mary, Harretta Myers

CERTIFICATE OF DEATH

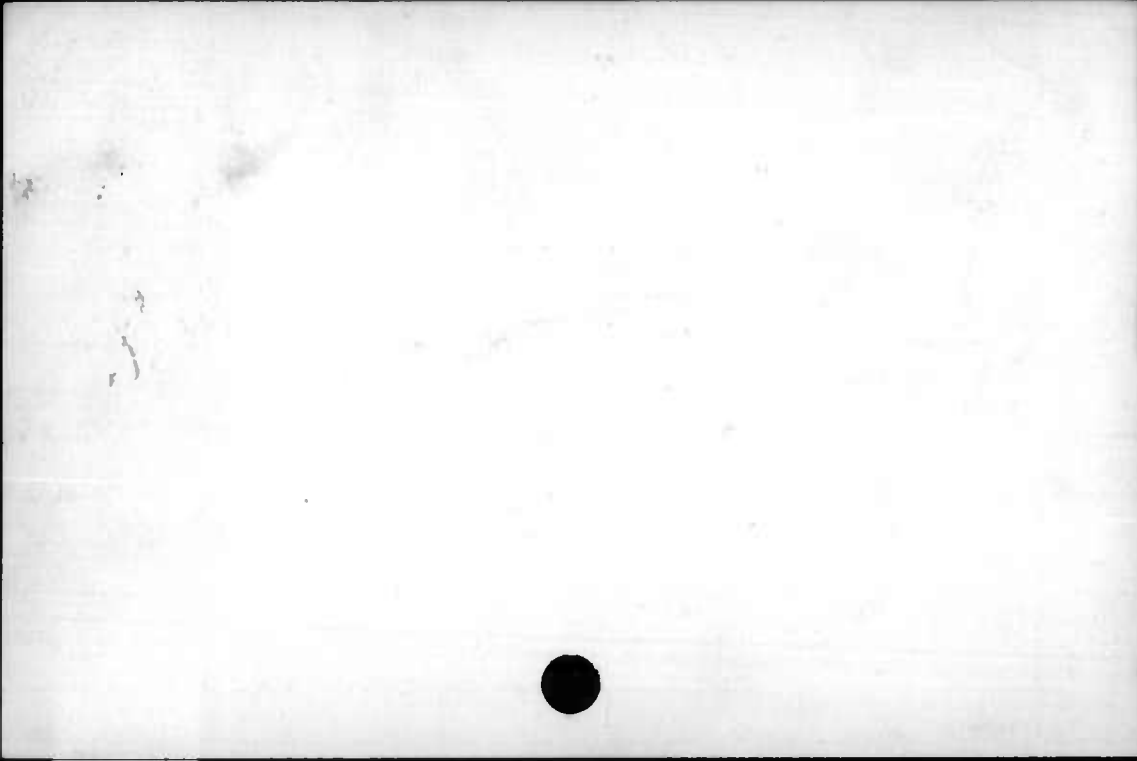
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		7	8	2	9	10	13
Sex	Female		Color or Race	white		Birth place	MD
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband				
Father's Name		Henry Clapper				Father's Birthplace	
Mother's Maiden Name		Elizabeth Greaser				Mother's Birthplace	
Name of person giving information		Lewie Myers				How related to deceased	
						Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebral Hemorrhage		How long	24 hours
Immediate	(64)		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		J. H. Wishard		
		Address		
		Leitersburg		
		MD		
Accident or Suicide?				



Name
is
Full

Mary E. Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sharpsburg</i> ^{Town} <i>Washington</i> ^{County}		STATE OF <i>MARYLAND</i>	
Date of death <i>1907</i>	<i>July</i> ^{Month} <i>17</i> ^{Day}	Age <i>68</i> ^{Years}	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Washington Co. Md.</i>	
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>	Name of <i>John V. Myers</i> ^{Wife or Husband}		
Father's Name <i>Hezekiah Knobe</i>	Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Miss Hines</i>	Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Mrs. H. M. Morgan</i>	How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

(143)

PHYSICIAN
OR CORONER

Primary <i>Cancer of entire left breast</i>	How long <i>For several years</i>
Immediate <i>Cancer</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. A. Gardner</i>
	Address <i>Sharpsburg Md.</i>
Accident or Suicide? <i>—</i>	

Chas. S. Wade
Mentator

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Mrs. Mollie S. Nigh*

Town *Hagerstown* County *Wash.*

Died at *Hagerstown*

Date of death 1907 *7* Month *7* Day *28* Age *40* Years Months *—* Days *—*

Sex *female* Color or Race *white* Birth-place *Md.*

Occupation *H. W.* Where Residing if not at place of death *—*

Married, Single or Widowed *married* Name of Husband *Charles B. Nigh*

Father's Name *Es. Lushbaugh* Father's Birthplace *Md.*

Mother's Maiden Name *Fanny McIntyre* Mother's Birthplace *"*

Name of person giving information *Chas. B. Nigh* How related to deceased *husband.*

CAUSES OF DEATH

138

PHYSICIAN
OR CORONER

Primary *Toxaemia of Pregnancy* How long *6 mo.*

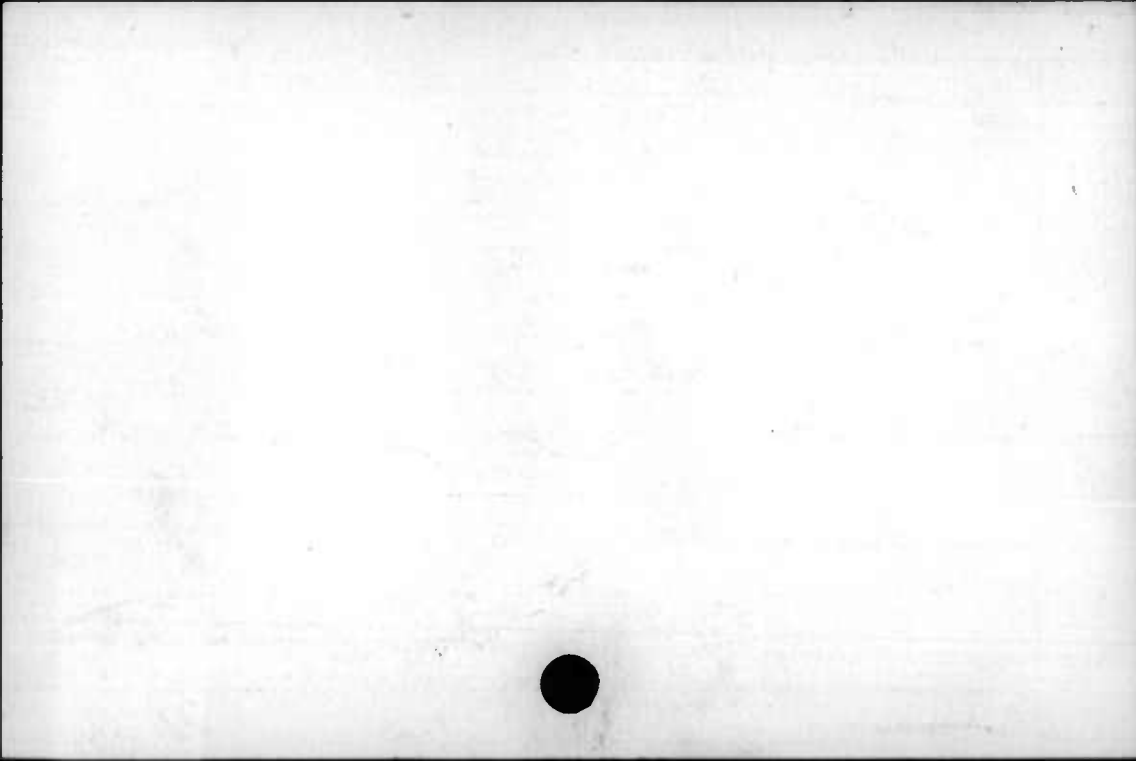
Immediate *Edema of lungs.* How long *1/2 hour.*

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician *Mary A. Laughlin*

Address *Hagerstown.*

Accident or Suicide? *—*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brownsville</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND		
Date of death <i>1907</i>		<i>7</i> ^{Month}	<i>4</i> ^{Day}	<i>86</i> ^{Years}	<i>5</i> ^{Months}	<i></i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Danples Manor</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Brownsville</i>					
Married, Single or Widowed	Name of Wife or Husband <i>Mary R Nichols</i>					
Father's Name <i>Amey Nichols</i>	Father's Birthplace <i>Ta</i>					
Mother's Maiden Name <i>Mary Hopper</i>	Mother's Birthplace <i>md</i>					
Name of person giving information <i>Ella Nichols</i>	How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dropsy</i>	How long <i>2 years</i>
Immediate <i></i>	How long <i>suddenly</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. J. [unclear]</i>
	Address <i>Brownsville, Md</i>
Accident or Suicide <i></i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

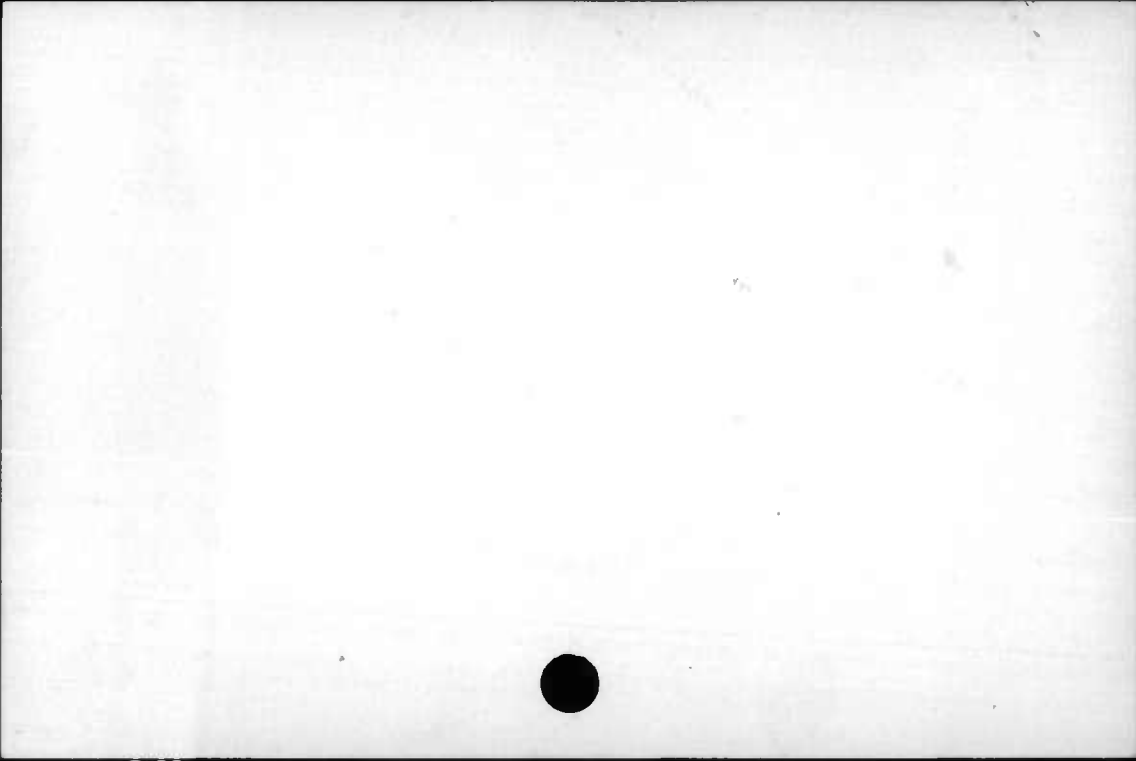
Name in Full <i>Elizabeth Florence Oswald</i>		Town <i>Chewsville</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Chewsville</i>		Month <i>July</i>		Day <i>12</i>		Years <i>59</i>	
Date of death <i>1907</i>		Month <i>July</i>		Day <i>12</i>		Years <i>59</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth place <i>Caretown</i>		Months <i>4</i>	
Occupation <i>Farming</i>		Where Residing if not at place of death <i></i>		Days <i>20</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Daniel E. Oswald</i>					
Father's Name <i>Edward Ingram</i>		Father's Birthplace <i>Beaver Creek</i>					
Mother's Maiden Name <i>Martina Ann Hayatt</i>		Mother's Birthplace <i>Caretown</i>					
Name of person giving information <i>E. Ingram Oswald</i>		How related to deceased <i>Son.</i>					

CAUSES OF DEATH

67

PHYSICIAN
OR CORONER

Primary <i>Diffuse Sclerotic Encephalitis</i>		How long <i>One year</i>	
Immediate <i>Asthenia</i>		How long <i>One week.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm. A. Quinn M.D.</i>	
		Address <i>Chewsville - Md.</i>	
Accident or Suicide? <i></i>			



Name
in
Full

Martha J. Palmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sharpsburg</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	1907	Month	July	Day	15
Age	44	Years	4	Months	5
Sex	Female	Color or Race	White	Birth place	Near Smithsburg
Occupation	<i>Housewife</i>		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife Husband	<i>Fenton L. Palmer</i>		
Father's Name	<i>John J. Smith</i>		Father's Birthplace	<i>Frank Co</i>	
Mother's Maiden Name	<i>Maria Mangan</i>		Mother's Birthplace	" "	
Name of person giving information	<i>Fenton L. Palmer</i>		How related to deceased	<i>Husband.</i>	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Heart Disorder with Dropsy</i>	How long	<i>several years</i>
Immediate	<i>Heart Failure</i>	How long	<i>very sudden</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>G. H. Gardner</i>	
		Address	
		<i>Sharpsburg - Md</i>	
Accident or Suicide?			

Chas. S. Wade
undertaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town		County		MARYLAND	
Date of death <i>1907</i>		Month <i>7</i>	Day <i>4</i>	Age <i>55</i>	Years	Months <i>none</i>	Days <i>none</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Dunkirk</i>					
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Dunkirk</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary E. Ringer</i>						
Father's Name <i>David G. Ringer</i>	Father's Birthplace <i>Dunkirk</i>						
Mother's Maiden Name <i>Mary E. Ringer</i>	Mother's Birthplace <i>Dunkirk</i>						
Name of person giving information <i>Harvard Ringer</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary <i>Fall from Street Car</i>	How long
Immediate <i>Concussion of Brain</i>	How long <i>15 Hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>F. H. Charles</i>
<i>As far as I know</i>	Address <i>30 E. Antietam St.</i>
Accident or Suicide? <i>Accident</i>	<i>Hagerstown Md.</i>

30 E atam

Name
in
Full

Lesslie B. Rood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

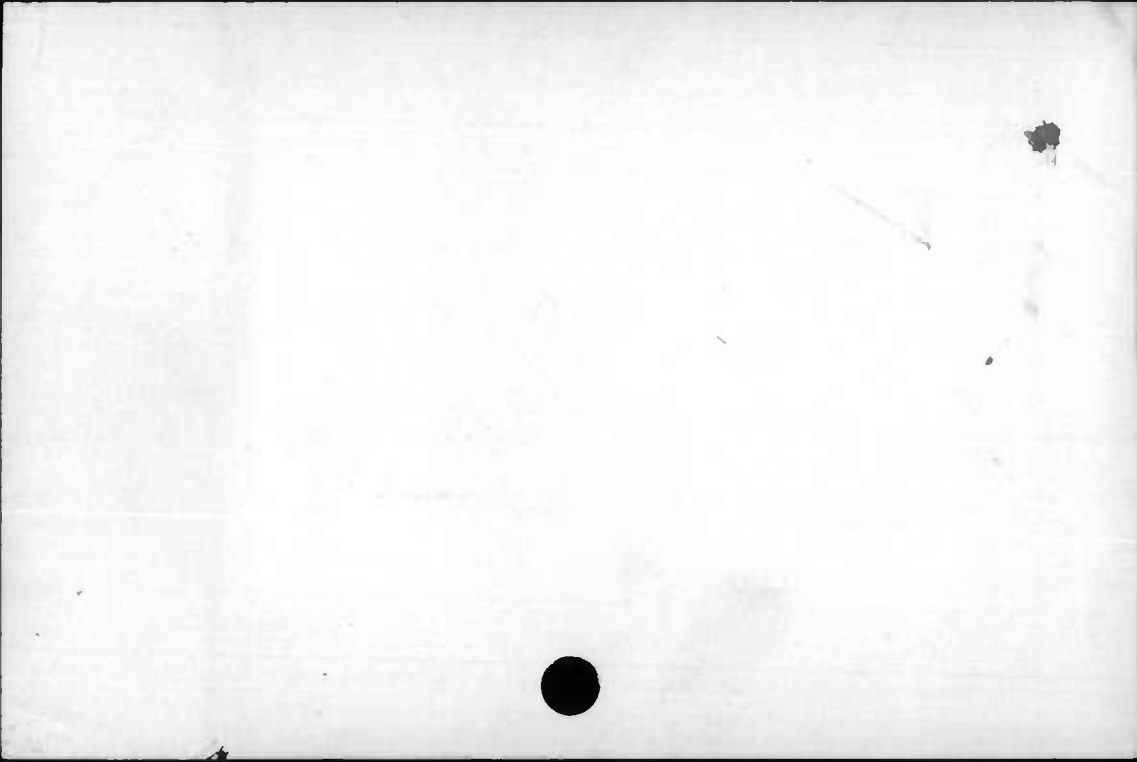
Died at <i>Shenandoah</i> Town <i>Shenandoah</i> County <i>Washington</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>7</i>	Day <i>16</i>	Age <i>Unknown</i> Years Months Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth place <i>Mass.</i>	
Occupation <i>U.S. Soldier</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name	Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name	Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Albertus Spencer</i>	How related to deceased <i>none</i>		

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Drowning</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>none</i>
Accident or Suicide?	<i>Wm Clark act. Cor.</i> <i>Frank Pratt Md</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
190			2			1	17
Sex		Color or Race		Birth-place			
Female		White		Md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace				Md	
Charles Robinson							
Mother's Maiden Name		Mother's Birthplace				Pa	
Minnie Duff							
Name of person giving information				How related to deceased			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	~
Immediate	Insanition	How long	~
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. D. Campbell	
Address		418 N. Washington	
Hagerstown Md.			
Accident or Suicide?		~	

B. in Ystun Pa

Name
in
Full

Gertrude Riddisill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

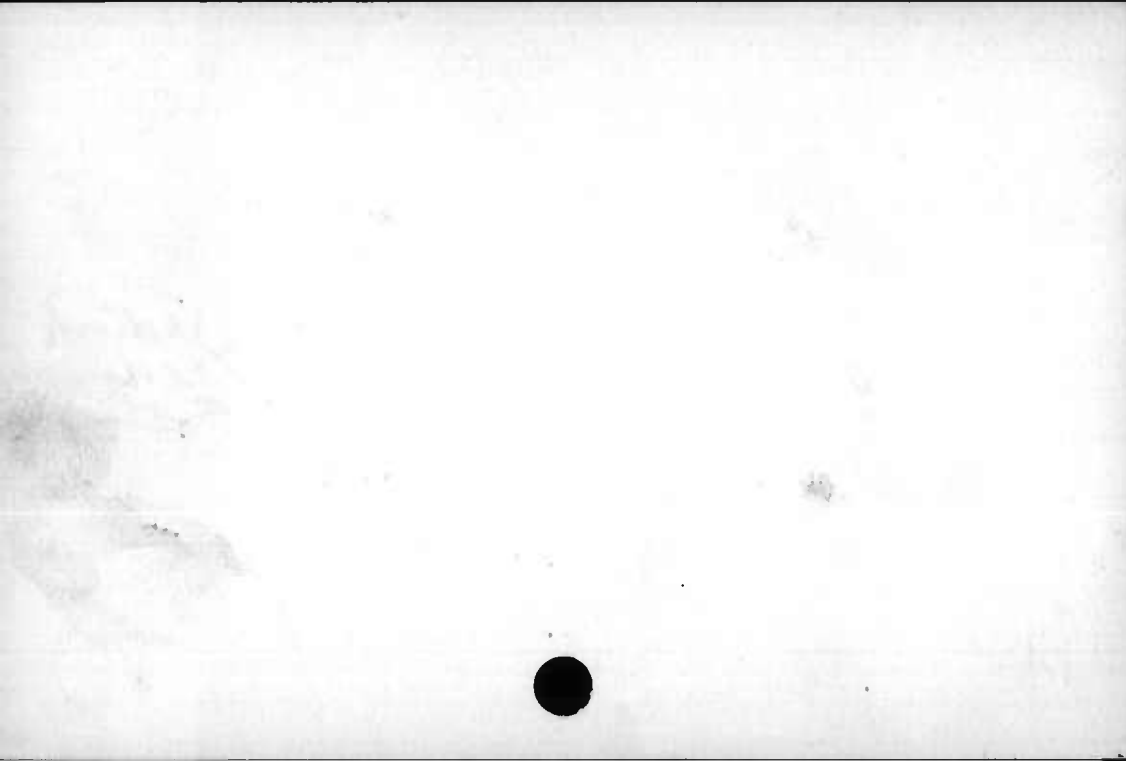
Died at		Town Frankstown		County Washington		MARYLAND	
Date of death		1907	Month July	Day 18	Age Years	Months	Days 1
Sex Female		Color or Race White		Birth-place Frankstown			
Occupation				Where Residing if not at place of death Frankstown			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Shadrach Riddisill				Father's Birthplace Smithsburg			
Mother's Maiden Name Clara Mays				Mother's Birthplace Barnoketown			
Name of person giving information Shadrach Riddisill				How related to deceased Father			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary		Mature disease of heart		How long 5 hours	
Immediate		"		How long 5 hours	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician C. J. Maynard	
				Address Frankstown	
Accident or Suicide?				led	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

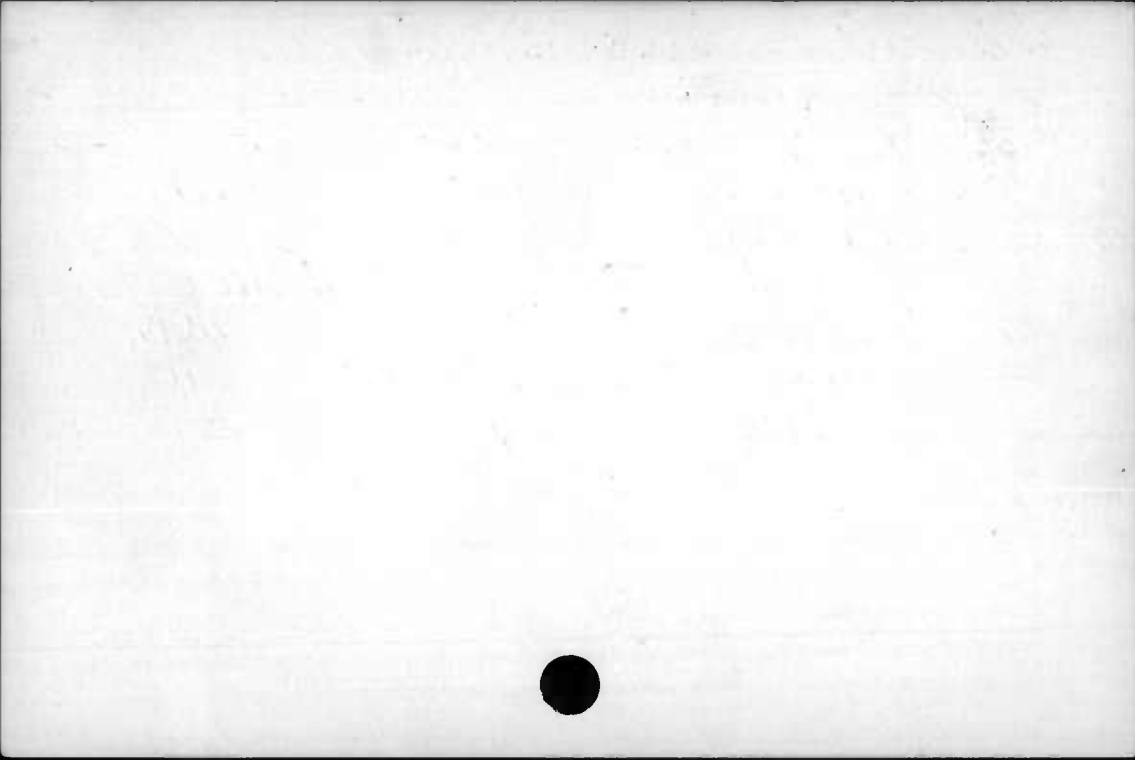
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		7	10	55	8	20	
Sex		Color or Race		Birth-place			
female		white		Md.			
Occupation		Where Residing if not at place of death					
N. W.							
Married, Single or Widowed		Name of Wife or Husband					
married		Edward Sheehey					
Father's Name		Father's Birthplace					
Daniel White		Md.					
Mother's Maiden Name		Mother's Birthplace					
Margaret L. Buckham		"					
Name of person giving information		How related to deceased					
J. H. Sheehey		husband					

CAUSES OF DEATH

85

PHYSICIAN
OR CORONER

Primary	Unknown to us	How long	
Immediate	Hemorrhage from mouth	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		D. J. Tuganau	
		Address	
		Wagaretown	
		Md.	
Accident or Suicide?			
No			



Name
in
Full

CERTIFICATE OF DEATH

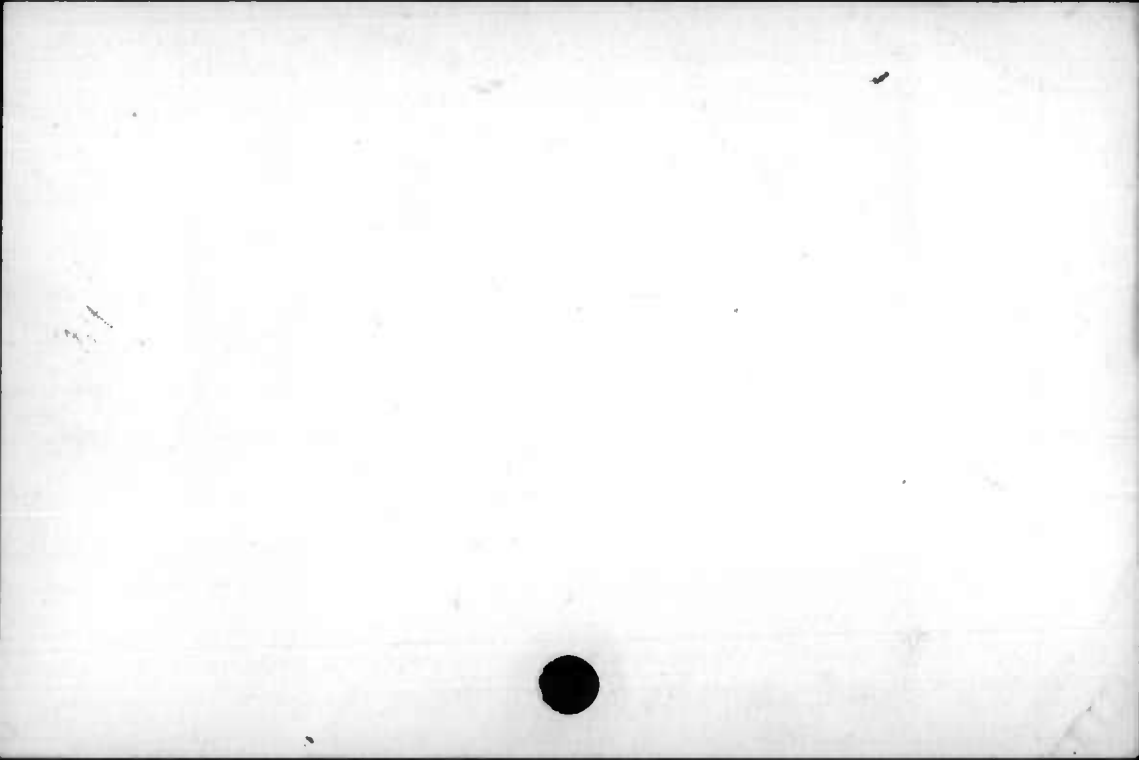
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Georgiana Hansen Smith</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>7</i>		Day <i>14</i>		Years <i>36</i>	
Date of death <i>1904</i>		Months <i>6</i>		Days <i>6</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Wd</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>David O Smith</i>					
Father's Name <i>Martin Eckle</i>		Father's Birthplace <i>Wd</i>					
Mother's Maiden Name <i>Catharine Smiley</i>		Mother's Birthplace <i>Wd</i>					
Name of person giving information <i>—</i>		How related to deceased <i>—</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gall Stones</i>		How long <i>10 years.</i>	
Immediate <i>Penitonia - Shock Rupture of Gall Bladder</i>		How long <i>6 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>y es</i>		Signature of Physician <i>Victor D. Miller</i>	
Accident or Suicide? <i>No</i>		Address <i>Hagerstown, Md</i>	



Name
in
Full

Maid. E. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

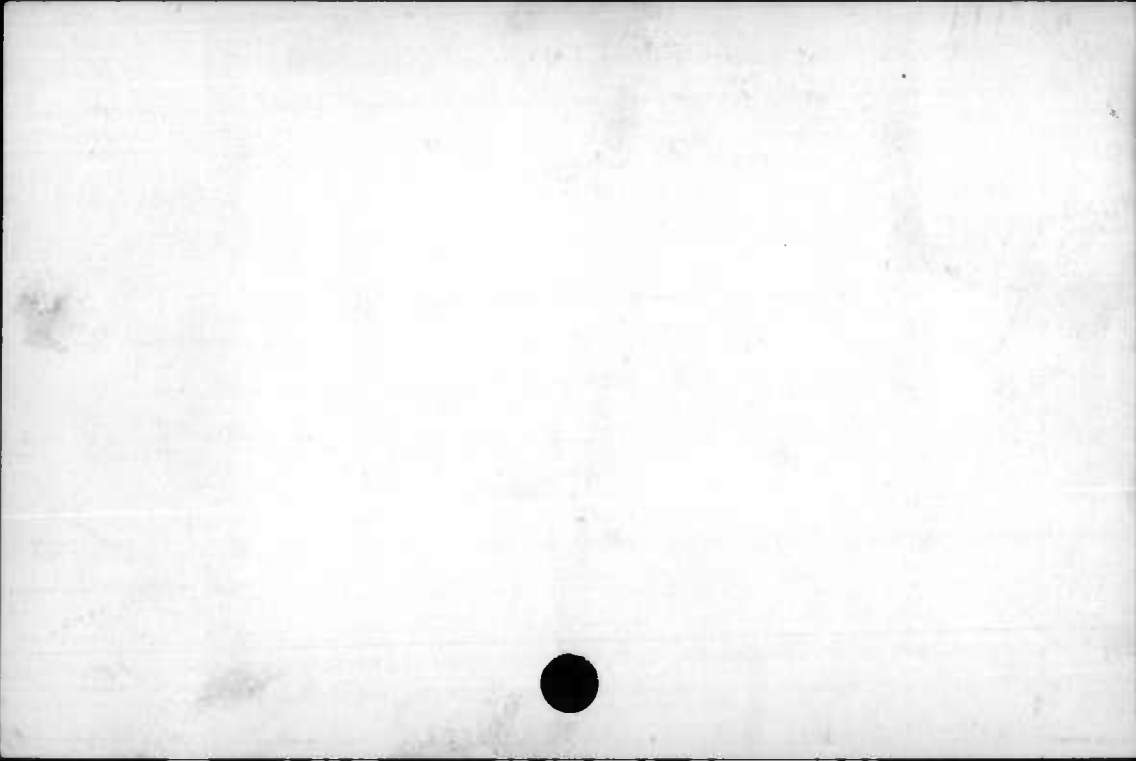
Died at <u>Brown Creek</u> Town <u>Washington</u> County <u>MARYLAND</u>	
Date of death <u>1907</u> Month <u>July</u> Day <u>18</u> Age <u>1</u> Years <u>1</u> Months <u>9</u> Days <u></u>	
Sex <u>Female</u> Color or Race <u>whr</u> Birthplace <u>Maryland</u>	
Occupation <u>✓</u> Where Residing if not at place of death <u>✓</u>	
Married, Single or Widowed <u>Single</u> Name of Wife or Husband <u></u>	
Father's Name <u>Clayton Smith</u> Father's Birthplace <u>Maryland</u>	
Mother's Maiden Name <u>Hannie Smith</u> Mother's Birthplace <u>Maryland</u>	
Name of person giving information <u>Clayton Smith</u> How related to deceased <u>Father</u>	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <u>Gastro-Enteritis</u> How long <u>10 days.</u>	
Immediate <u>Exhaustion</u> How long <u>48 hours.</u>	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. H. L. M. D., M.D.</u>
	Address <u>Brown Creek, Md.</u>
Accident or Suicide? <u>No.</u>	<u>Md.</u>



Name
in
Full

Paul Stephens

CERTIFICATE OF DEATH

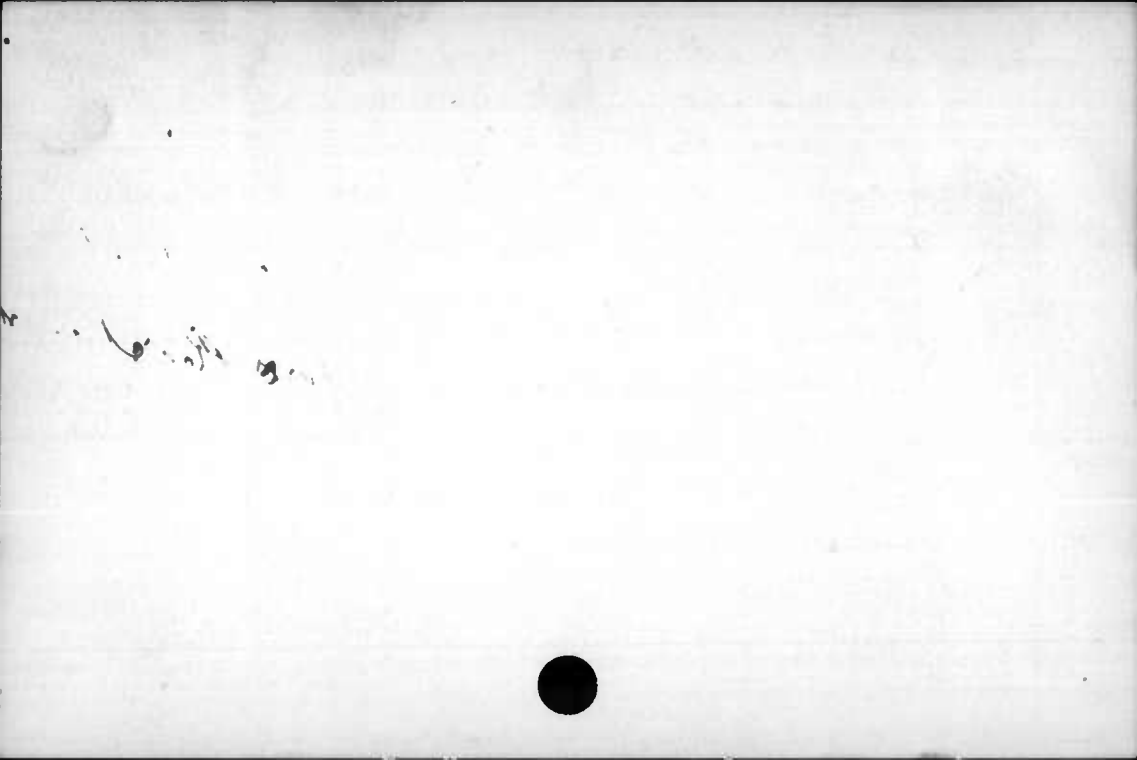
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Age	Years	Months	Days
of death		1907	July	27	—	—	—
Sex	Male		Color or	White		Birth-place	Williamport
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			William A. Stephens			Father's Birthplace	
Mother's Maiden Name			Grace Hampleton			Mother's Birthplace	
Name of person giving information			Father			How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Stilbarr	How long	—
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes.		Eds Richardson	
		Address	
		Williamport Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Samuel Strite.*

Died at *Hagerstown* Town *Wash.* County

State *MARYLAND*

Date of death *1907* Month *7* Day *11* Age *70* Years Months *1* Days *18*

Sex *male* Color or Race *white* Birth-place *Penna.*

Occupation *Treasurer Ins. Co.* Where Residing if not at place of death *—*

Married, Single or Widowed *married* Name of Wife *Esther Ann Strite*

Father's Name *John Strite* Father's Birthplace *Penna.*

Mother's Maiden Name *Elizabeth Summers* Mother's Birthplace *"*

Name of person giving information *A.C. Strite.* How related to deceased *son.*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Heart Disease* How long *Several years*

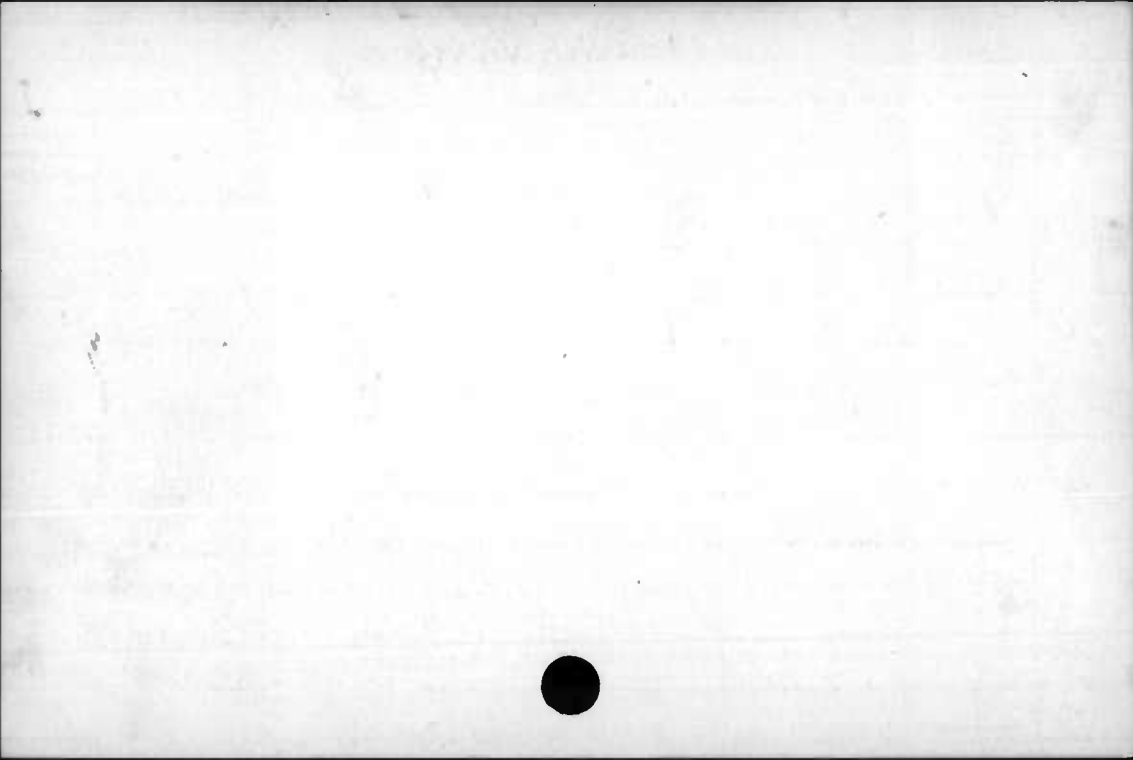
Immediate *Yes*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. G. Scott*

Address *Hagerstown*

Accident or Suicide? *—*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

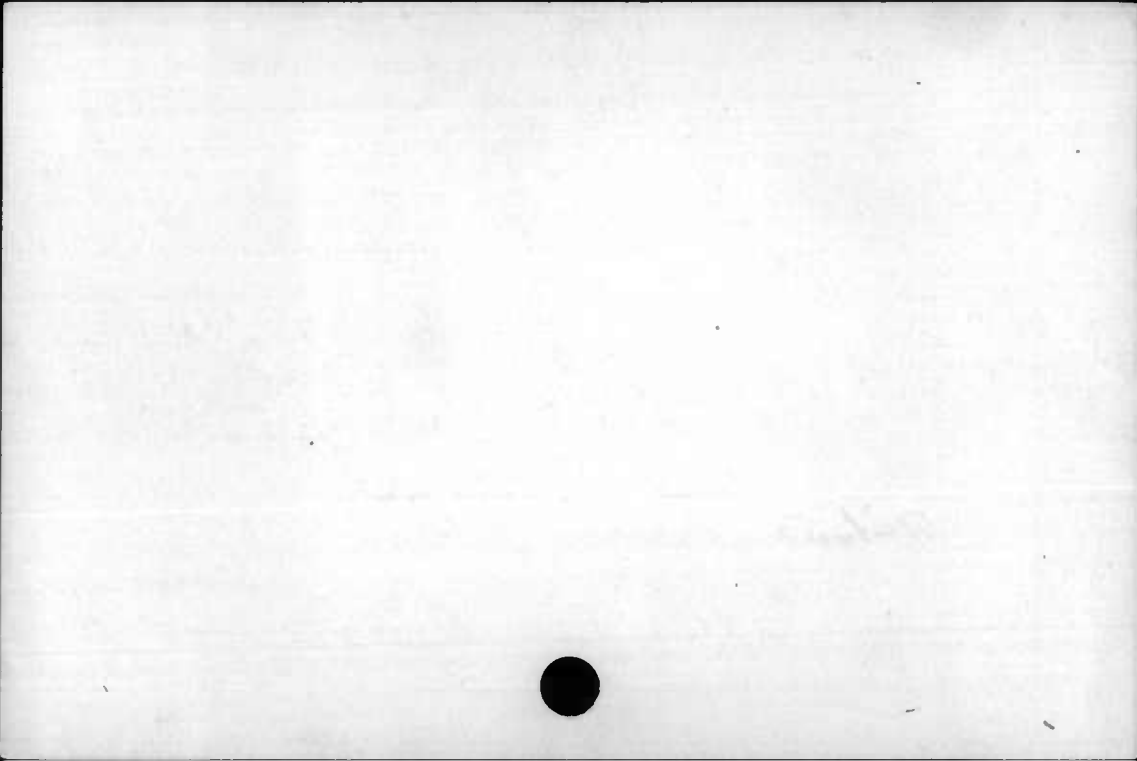
Lucy Trummair.

Died at <u>Clearspring</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death	1907	Month	7	Day	26
Age		34		Years	
Sex	Female	Color or Race	Colored	Birth-place	New York.
Occupation	Housewife.		Where Residing if not at place of death <u>Clearspring</u>		
Married, Single or Widow	Name of Wife or Husband		<u>Peter L. Trummair.</u>		
Father's Name	<u>Unknown</u>		Father's Birthplace	<u>Unknown</u>	
Mother's Maiden Name	<u>Unknown</u>		Mother's Birthplace	<u>Unknown</u>	
Name of person giving information	<u>Peter L. Trummair.</u>		How related to deceased	<u>Husband</u>	

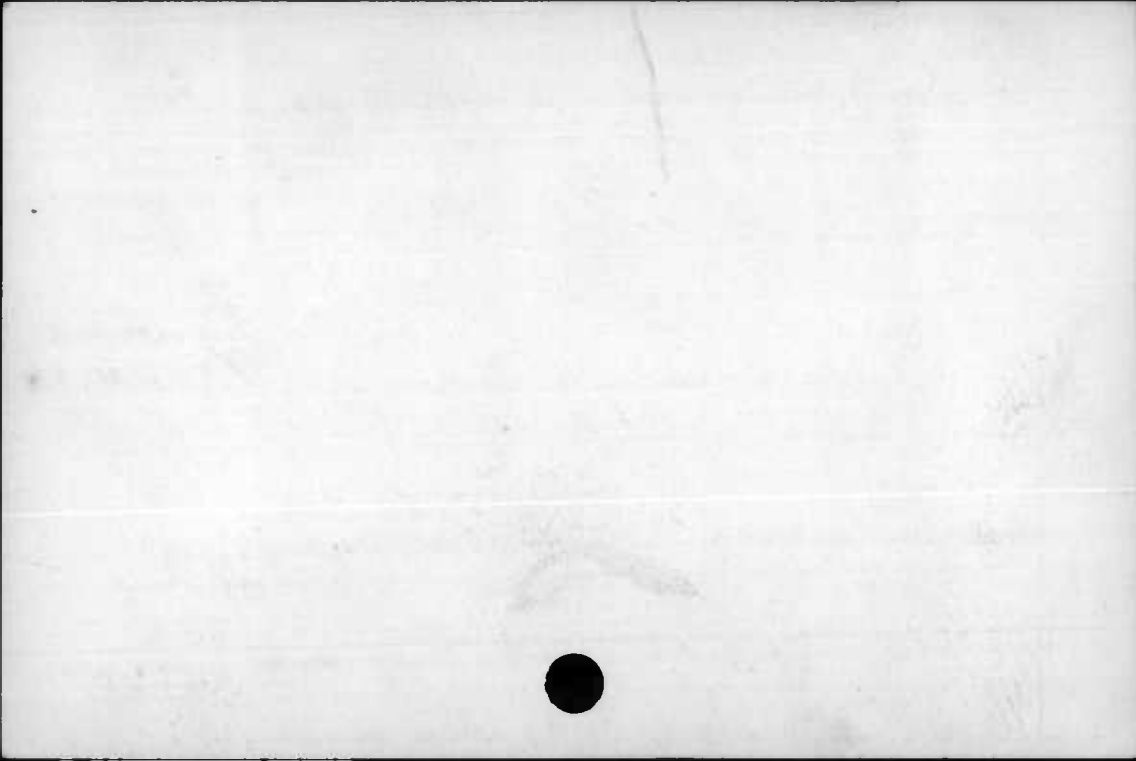
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Confinement</u>	How long	<u>One month</u>
Immediate	<u>Exhaustion</u>	How long	<u>One week</u>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<u>Abraham Shank</u>	
Address		<u>Clearspring</u> <u>Washington Co. Md.</u>	
<u>Accident</u> or <u>Other</u>			



Name in Full		Certificate of Death			
Clara Walker					
Town		County		State	
Died at		Washington		Maryland	
Date of death		Month	Day	Years	Months
1907		July	14	21	6
Age		21		8	
Sex		Color or Race		Birth-place	
Female		black		Beaver Creek	
Occupation		Where Residing if not at place of death			
House Maid		Beaver Creek			
Married, Single or Widowed		Name of Wife or Husband			
Single				Fredrick B.	
Father's Name		Fredrick B.		Father's Birthplace	
Geo. Walker				Fredrick	
Mother's Maiden Name		Mother's Birthplace			
Martha A. Finley				Fredrick	
Name of person giving information		How related to deceased			
George Walker		Father		Bo	
CAUSES OF DEATH					
Primary		How long			
Pneumonia		2 weeks			
Immediate		How long			
Acute Phthisis		8 "			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Yes		Address			
		Bovusboro			
Accident or Suicide?		Md			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Martin L Waltz

Died at *Cave town*

Town

Washington

County

MARYLAND

Date
of death *1907*Month
*7*Day
6

Age

Years
*65*Months
*8*Days
16

Sex

*Male*Color or
Race*white*Birth-
place*Cave town*

Occupation

*Farmer*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Margaret**Langhoff*Father's
Name*John Waltz*Father's
Birthplace*Cave town*Mother's
Maiden Name*Annie Catherine Winters*Mother's
Birthplace*Smithsburg*Name of person giving
In formation*Annie Waltz daughter*How related
to deceased*Daughter*

CAUSES OF DEATH

79

Primary

Long standing Heart disease + effusion

How long

3 years

Immediate

Angina pectoris (Failure)

How long

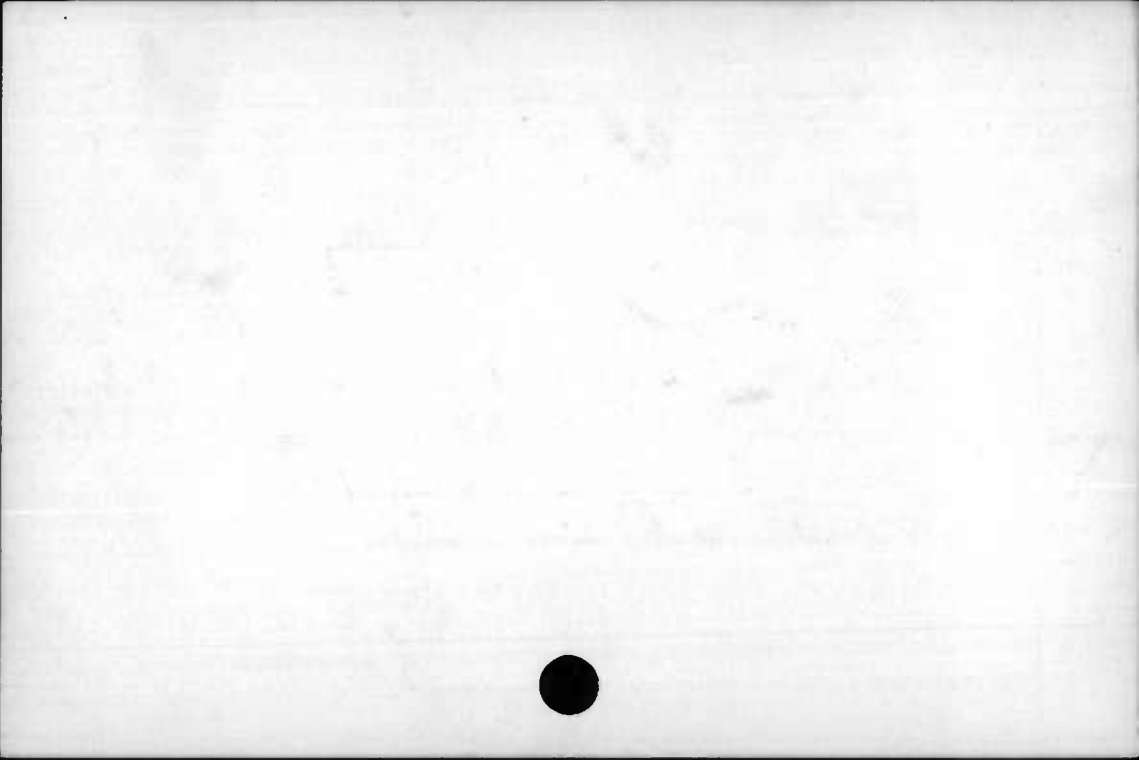
*Several*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Yes so far as I know*J. L. Massie*
Smithsburg

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Charlton H. Werking

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Breathedeville		^{County} Wash.		MARYLAND	
Date of death	1907	Month	July	Day	11
Age	33	Years	11	Months	20
Sex	Male	Color or Race	White	Birth-place	Wash. Co
Occupation	Farmer		Where Residing if not at place of death Near Breathedeville		
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Jane Smith-		
Father's Name	Jno. H. Werking			Father's Birthplace	Wash Co
Mother's Maiden Name	Mary Young			Mother's Birthplace	"
Name of person giving information	Jno H. Werking			How related to deceased	Father

CAUSES OF DEATH

171

PHYSICIAN
OR CORONER

Primary	Lightning bolt =		How long	Immediate
Immediate	"		How long	"
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Address	
			St. S. Davis	
			Boonshors	
			Md	
Accident or Suicide?				

